Briefing Paper
Royal National Hospital for Rheumatic Diseases Acquisition
Report to B&NES Wellbeing Policy Development and Scrutiny Panel meeting
28th November 2014

Introduction

Following previous reports from the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (RNHRD) to the Panel, this paper updates specifically on progress towards a strategic solution to the long-standing financial challenges that the organisation has faced over recent years. In the context of this, the quality of services at the RNHRD remain highly rated with high patient satisfaction and compliance in all standards during its last inspection by the CQC in December 2013.

The RNHRD first recognised it was too small to be financially stable in the longer term in 2008 and when it started to require financial support in 2011/12 it carried out a rigorous options appraisal exercise identifying that joining with the Royal United Hospital as its preferred strategic solution. In July 2012, the boards of the RUH and RNHRD agreed to develop proposal to come together as a single NHS Foundation Trust. Following enforcement undertakings from the regulator (Monitor) in April 2013 to ensure plans were in place to deal with the continuing financial issues, the strategic intent was reaffirmed in June 2013, with the mechanism identified as acquisition, once the Royal United Hospital had achieved foundation trust status and subject to all regulatory conditions being satisfied.

The Royal United Hospitals Bath NHS Foundation Trust (RUH) was formally authorised on 1st November 2014, moving the proposed acquisition a step closer to being achieved. Letters of support for the transaction, based on the principles for the transaction, have also been received from primary commissioners. The next stages required in the process now include approval of a business case by the Board of Directors of the RUH and recommendation of the Boards of Directors of both Trusts to their respective Councils of Governors to vote in favour of the transaction. A joint application would then be made to Monitor to issue grant documentation to effect the transaction. A timeline has been drawn up to effect these stages with the earliest potential acquisition date now established as 1st February 2015.

Overarching principles

The RNHRD and RUH have agreed a set of overarching principles for the transaction, which have been widely shared:

- ***Brand and reputation***
  We will continue to recognise and build on the national and international reputation which RNHRD has developed as a leading provider of high quality, innovative care for patients with long-term rheumatology, pain and fatigue conditions.
- ***Continuation***
  Using the expertise of our combined teams, our ambition is to ensure the continuation of the high quality innovative care and the advancement of this ground breaking work to improve the care and quality of daily life for our patients.

- ***Partnership***
  The future will remain clinician-led, working in partnership with expert patients and carers, members and commissioners to sustain and further improve service user experience.
- ***Skills and leadership***
  We will benefit from the skills and leadership of a wider multidisciplinary team model which will enhance shared care for individuals with multiple conditions, support community provision and improve access to specialist knowledge and skills across our local health economy and beyond.
- ***Excellence and innovation***
  By combining the RNHRD's enviable specialist research brand and expertise with the RUH's ambitious research agenda, we will create a centre driven by evidence-based clinical excellence and innovation. This will be further enhanced by bringing together the established research networks of the RNHRD and the RUH's scale of patient access and recruitment record, patient safety programme, excellent diagnostics facilities and supporting connections with the Academic Health Science Network.
- ***High quality patient experience***
  Patients can be confident that they will receive the highest quality care delivered by passionate staff. Plans will be developed in partnership with our stakeholders to create purpose designed surroundings with convenient access to purpose designed facilities - ensuring the continuation of a care environment that further enhances patient experience and will allow specialist services and innovation to flourish into the future.

These principles are now being utilised by the RUH in putting together a full business case for the transaction.

Benefits to patients and communities served

The integration of the two Trusts is also anticipated to achieve a number of specific benefits for the patients and communities they jointly serve, principally:

- **Integration**

In joining together, more integrated services will be developed. This will support further expansion of shared care models, particularly for patients with multiple, and complex long term conditions. In time, this is expected to lead to further development of new service models in areas such as therapies and self-management in line with the national direction of travel. Access to specialist expertise and diagnostics will also be extended.

- **Sustainability**

Through integration of service models and closer working with community partners, services will be sustainable for the future, both financially and operationally. All clinical services are expected to continue in line with commissioner requirements.

The ability to fully integrate and align services on a single site and access to a wider range of corporate support for RNHRD clinicians will improve efficiency and effectiveness, maintaining patient experience and quality of service delivery as well as increasing value for the money from the public purse. Risks to ongoing financial stability which are naturally inherent in small scale operations with peaks and troughs of demand and supply will also be significantly reduced.

- **Profile & people**

The profile and brand of the RNHRD is both nationally and internationally recognised. This will continue to be maintained and further developed ensuring that high quality, innovative service models are supported and in turn, promote further research investment in the local area and will ensure that the strong track record of both organisations in recruiting high calibre staff can continue.

Service development

The plans for the future development of services have been produced jointly between the organisations and clinical teams. These plans take into account both local concerns such as ensuring the development and delivery of a long term strategy for valued local amenities eg hydrotherapy as well as the wider direction of travel from commissioners, focusing on:

- Delivering innovative care for patients across our community
- Reducing reliance on bed-based models of care where appropriate
- Increasing self-care through empowering our patients and supporting them with community based delivery
- Delivering quality and operational performance standards across all services, aligned with national best practice
- Through delivery of all of the above, contain costs of service provision now and in the future

Research and Development

The combined organisation will have the second largest R&D portfolio amongst medium-sized hospitals.

As the RUH and RNHRD have very different research areas, the acquisition will result at a simple level in the pure addition of the studies of both hospitals whilst maintaining a recognition of both brands. The joining is however expected to also provide significant growth in research as bid writing, research culture and fund management are further strengthened alongside access to a larger population for clinical trials.

It is hoped to grow other existing research active areas in the RUH, so that each year more areas are made substantive research areas. It is intended to bring much of the good practice of R&D at the RNHRD to the merged hospital, such as a ‘joint’ impressive yearly R&D report and a new external web site dedicated to R&D with monthly R&D newsletters.

Environment

The acquisition affords the opportunity to enhance the quality of the patient environment, ensuring its long term fitness for purpose. It is recognised that whilst the RNHRD building is highly regarded by the patients it serves, it is unlikely to be a cost effective base for high quality service provision in the longer term.

It is expected that services will continue to be delivered from the existing RNHRD building for at least the next three years, but that during this time work will be undertaken within wider estates plans at the RUH to develop purpose designed environments which benefit patient experience and support improved efficiency and effectiveness of delivery through appropriate scaling, workflow design and colocation with other services. Opportunities for branding of elements of the new estate will also ensure that the long term legacy of the RNHRD can be protected.

Patient experience

The only change proposed to patient experience on day one of acquisition is to relocate endoscopy services to the RUH site. This change aims to address challenges to the service which have been outlined to this panel in earlier reports and are detailed in part two of this paper.

Next steps

Detailed integration planning work is currently underway to ensure business continuity and patient experience is maintained across all services and, subject to acceptable business case, we currently anticipate that a proposal will be made to Governors of both organisations to vote on the transaction in December 2014 with a joint submission to follow to Monitor in the early new year 2015.

In addition, and to ensure that patient experience, safety and outcomes are not compromised, the RNHRD and RUH will, in collaboration with the CCG, undertake Equality, Quality and Privacy Impact Assessments. These will identify what effect or likely effect will follow as a result of the implementation of this proposed change.

RNHRD Acquisition Briefing
Part 2: Endoscopy Services Transfer

Background

The Wellbeing Policy Development and Scrutiny Panel were briefed on challenges with declining referrals in Endoscopy services in November 2013 and received a further update on challenges to the service earlier this year. In the light of a proposed acquisition of the RNHRD by the RUH, there is an opportunity to resolve a number of these service challenges through relocation to join with endoscopy services already operating to external accreditation standards on the RUH site. These challenges include:

- Over the last 4 years referrals to the RNHRD endoscopy service have experienced over a 50% reduction.
- Although clinically safe, the equipment in the unit is aging and will require replacement in the near future
- The unit at the RNHRD is staffed by a single handed consultant which risks consistency of service continuity in periods of planned and unplanned absence.

Notwithstanding the above, the RNRHD unit continues to report high levels of patient satisfaction; short waiting times and good patient safety record.

The RUH/RNHRD have commenced a period of patient and GP engagement to gain early feedback on the proposal to relocate the RNHRD endoscopy service to the RUH.

As lead commissioner of services from the RNHRD, B&NES CCG are now seeking support from the panel to proceed with this change of service location subject to appropriate response to any feedback received .

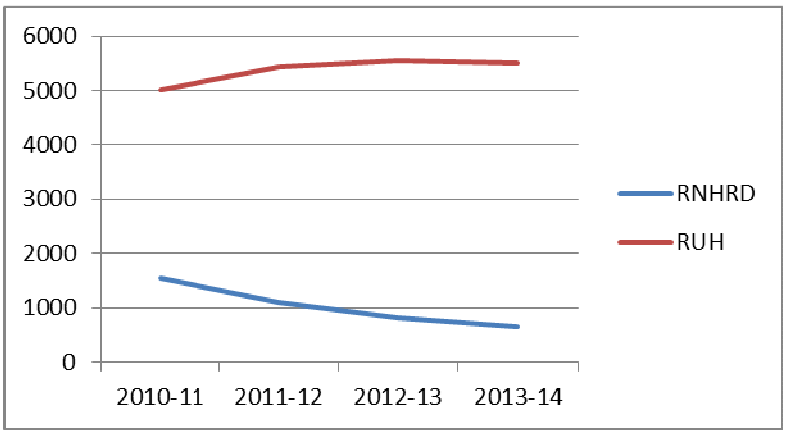
Scale and scope of the service

- The RNHRD service is a small service, comprising 1 Consultant and 3 part time nursing staff, supported by an administrator. It operates from a single day case suite at the RNHRD site at Upper Borough Walls in Bath. It provides general endoscopy diagnostics for patients principally referred from B&NES, Wiltshire and Somerset.
- The RUH service comprises 21 independent endoscopists, including two Specialist Registrars, an Endoscopy Fellow and three nurse endoscopists, supported by a unit nursing team. The Endoscopy Unit comprises four procedure rooms, a two bay recovery area and two

consent rooms on its site at Combe Park in Bath. The RUH service provides general endoscopy diagnostics for patients referred from B&NES, Wiltshire and Somerset. It is fully accredited to provide Bowel Cancer Screening as part of the national cancer screening programme.

- Both units carry out gastroscopies and flexible sigmoidoscopies
- The RUH Endoscopy service also carries out colonoscopies
- The RNHRD runs 3 half day Endoscopy sessions per week, the RUH runs a 5 day elective service. The RUH Endoscopy service for inpatients runs 7 days per week.

Comparative elective activity information is represented in the graph below; the RUH team also performs an additional 3000 endoscopies on non-elective inpatients each year:



Activity carried out in the RNHRD service, by CCG area are outlined below:

CCG	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
NATIONAL COMMISSIONING HUB (NHS England)	9	8	2	3	1	1
NHS BATH AND NORTH EAST SOMERSET CCG	564	560	557	421	405	152
NHS SOMERSET CCG	60	63	100	82	77	22
NHS SOUTH GLOUCESTERSHIRE CCG	36	38	24	12	13	6
NHS WILTSHIRE CCG	961	812	396	284	157	54
Other South West CCGs	8	13	8	4	5	6
Other England CCGs	3	3	0	3	0	0
Unknown	49	37	5	2		
Grand Total	1690	1534	1092	811	658	241

The greatest majority of patients served by the RNHRD come from Wiltshire, B&NES and Somerset CCGs. This is the same catchment population as served by the RUH. Of the number of patients seen in the RNHRD service in

2013/14 – 290 patients (or 44%) are regular attenders to the service, having either annual or bi-annual endoscopy review.

RUH activity is anticipated to increase as the national Bowel Cancer Screening Programme expands and develops, resulting in increasing numbers of surveillance procedures as well as initial referrals for Endoscopy. Patients report a positive experience of the service, waiting times are within national standards (both for cancer, general endoscopy and surveillance scopes) and there is a strong safety record.

Service proposal

As part of the acquisition of the RNRHD, it is proposed that the Endoscopy service and the RNHRD patients using this service are transferred from the RNHRD to the RUH, integrating the two services from the date of acquisition (earliest proposed as 1st February 2015).

The rationale for this is as outlined below:

1. Adherence to external standards: Joint Advisory Group (JAG) on Gastrointestinal Endoscopy accreditation
2. Clinical pathways and service resilience
3. Training and development

JAG Accreditation

The Joint Advisory Group on GI Endoscopy is a national body that quality assures all aspects of endoscopy units, to ensure policies, practices and procedures are compliant with national guidelines for Endoscopy. Units that undertake Bowel Cancer Screening (as part of the national screening programme) are required to be fully accredited with JAG.

- The RUH service is fully compliant and is accredited to carry out Bowel Cancer Screening. The RNHRD service is not accredited by JAG currently, and does not perform any screening.
- For the RUH service to remain accredited and therefore able to continue carrying out bowel cancer screening, all separate Endoscopy services would need to be inspected and accredited by the JAG inspection team, and would need to be compliant with all standards. This accreditation process for a separate Endoscopy service at the RNHRD would not be able to be completed by the proposed service transfer date of 1st February 2015.
- Transfer of the RNRHD service to the RUH site will mean that the current JAG accreditation can be maintained and the RUH can continue to provide bowel cancer screening.

Clinical pathways and service resilience

Consolidating the Endoscopy service on one site will support:

- Faster onward referral to other specialties – for example General Surgery.
- The service will also be more resilient to sickness absence and annual leave staffing fluctuations.
- Patients will have greater choice in appointment time and date as the Endoscopy service at the RUH operates 52 weeks per annum.
- The requirement to replace equipment in the near future at the RNHRD will be resolved

Training and development

The RUH has on-site training and development facilities for all clinical staff. Around 20% of endoscopy lists are dedicated training lists, with lists individually tailored to the trainee. Should the proposal be approved to move the RNHRD service to the RUH, the staff will be able to take advantage of these training opportunities enhancing their skills to enable further improvements in patient care.

Impact for patients

It is expected that the transfer of the services will ensure long term sustainable provision of Endoscopy services for patients. Key aspects of current service delivery that will benefit patients are:

- The RUH service has good access times and meets national best practice standards in service delivery, which will enable the continued provision of high quality care for patients.
- The RUH service has demonstrated it can meet and sustain the rigorous quality assessments required by JAG, providing confidence to commissioners and referrers
- The RUH service operates over 52 weeks per annum – providing patients with choice and low waiting times
- The service has modern equipment with an associated rolling replacement programme, ensuring that patients have access to the most up to date techniques
- There are public bus routes to the RUH, both from the centre of Bath and further afield. The redevelopment of the RUH site at Combe Park over the next 12 months will create additional car parking for patients.
- The site and service are fully wheelchair accessible, with additional support available for patients who are hard of sight or hearing

Engagement timetable

Date	Action
22nd October 2014	Discussion at B&NES GP Forum (63 attendees) – confirmation by those present that they support the transfer
10th November 2014	Informal meeting between Scrutiny representatives, CEOs of B&NES CCG, RNHRD and RUH
19th November 2014	Patient and GP engagement starts
January 2015	Appropriate responses to engagement addressed
1st February 2015	Integrated service commences

Engagement

Patient engagement

As outlined, approximately 44% of patients (290) who attend the RNHRD service are regular users – having either annual or bi-annual endoscopy. These patients will be the target engagement group.

Each patient will receive an individual letter from the Clinical Lead for Endoscopy at the RNHRD. This will outline the proposal to relocate the service. Each letter will invite patient feedback, any concerns or further queries they have with the proposal. Patients will be invited to respond within a 4 week period. Patient feedback will be anonymised, though the first part of the postcode will be recorded on each response form to identify any geographic pockets of particular concern. Patients will also be asked a series of equality questions (age, ethnicity, disability) to ensure that the service change is in line with the Trust's equality duty.

These patients have been selected as the target group as those perceived to be "most impacted" by the proposals. Feedback from this cohort will be responded to and where practical and appropriate, this will be incorporated into the final service transfer plan.

GP Engagement

GPs across B&NES have already been made aware of the proposed service change through the B&NES GP Forum Meeting which took place on 22nd October. 63 GPs from B&NES attended this meeting and were supportive of the proposal. Further updates regarding the transfer will be provided at future meetings.

All regular GP referrers will now be written to invite feedback on the proposals.