

<b>Bath &amp; North East Somerset Council</b>		
<b>MEETING:</b>	Wellbeing Policy Development and Scrutiny Panel	
<b>MEETING DATE:</b>	16 <sup>th</sup> January 2015	<b>AGENDA ITEM NUMBER</b>
<b>TITLE:</b>	Impact Assessment on Transfer of Endoscopy Services from Royal National Hospital for Rheumatic Diseases (RNHRD) to Royal United Hospitals Bath Foundation Trust (RUH)	
<b>WARD:</b>	ALL	
<b>AN OPEN PUBLIC ITEM</b>		
<b>Attachments to this report:</b>		
Appendix 1: Equality Impact Assessment		
Appendix 2 : Quality and Privacy Impact Assessment		

## **1 THE ISSUE**

1.1 To update Wellbeing Policy Development and Scrutiny panel members on the outcome of the equality, quality and privacy impact assessments completed relating to the proposed transfer of endoscopy services from the Royal National Hospital for Rheumatic Diseases (RNHRD).

1.2 Panel members received a briefing in November 2014 setting out the rationale for the proposed transfer of endoscopy services on 1<sup>st</sup> February 2015 when the acquisition of the RNHRD by the RUH will be completed.

## **2 RECOMMENDATION**

2.1 Panel members are asked to note the outcome of the various impact assessments which confirm that the effects of this change are considered to be minimal and that there are a number of positive aspects to the service change. It is therefore recommended that the transfer of the endoscopy services should now proceed.

## **3 FINANCIAL IMPLICATIONS**

3.1 None to note as part of this briefing paper.

## **4 THE REPORT**

4.1 The RNHRD endoscopy service is a relatively small service consisting of 1 Consultant and 3 part-time nursing staff. In 2013/14 658

patients were treated but referrals have been falling on an annual basis and the forecast out-turn for 2014/15 are much lower patient numbers. Following the acquisition of the RNHRD by the RUH on the 1<sup>st</sup> February 2015 there are 3 main reasons to support the proposed transfer of the endoscopy service to the RNHRD:-

- i) The need to maintain Joint Advisory Group on Gastrointestinal Endoscopy accreditation for the RUH endoscopy service which otherwise will be affected as the RNHRD's service is currently not accredited and it would take some time to complete accreditation requirements.
- ii) The new arrangements will help improve Clinical pathways and service resilience with faster onward referral to other specialities, greater choice of appointment times.
- iii) The RUH service has access to training and development opportunities which RNHRD staff will be able to take advantage of.

4.2 The CCG in conjunction with the RNHRD has engaged with GPs and patients to seek their views on the proposed transfer and has completed various assessments to review the impact of the proposed transfer.

4.3 All existing 289 patients who currently attend the service for annual or bi-annual endoscopy appointments were written to during December to seek their views. 73 patients responded.

4.4. A summary of responses and findings are included in the attached Equality Impact Assessment. Overall the comments were in the majority positive.

4.5 Patients were also invited to provide some free- text comments on the proposal. A range of comments were received, the main area of concern related to car parking at the RUH. A selection of comments included the following:-

*I have always had excellent treatment at the RNHRD from the consultants and nurses etc, and I am very grateful for that. I hope the move to RUH gives the same good service. The only downside to coming to the RNHRD is the parking, although parking at the RUH is not much better, but they have a larger parking area. Good luck with the changeover - hope it goes well.*

*The service was very good at the RNHRD. If this is maintained at the RUH with the same excellent staff then I can understand the merging of services. This being both from an economy of scale perspective and also the ability to offer a 7 day week, 24 hour a day service to an ever growing population.*

*I think the proposal is sound but obviously will be less personal and intimate than that provided by the RNHRD. The service has been excellent - why change?*

*It is a pity in your rationale that you failed to mention 'savings' because we all know that is the main motivation.*

*I do not mind where I have to go to have my endoscopy as long as the service is as good as I have always received. I have always been treated with the utmost kindness and consideration for what is not a very pleasant thing to experience, as I am very nervous; you all put me at ease.*

## **5 RISK MANAGEMENT**

5.1 Risk management processes and systems remain in place as part of routine and standard governance arrangements to monitor the effectiveness of Endoscopy services.

## **6 EQUALITIES**

6.1 The attached equality impact assessment has been completed by the CCG's commissioning team.

## **7 CONSULTATION**

7.1 This paper has been prepared in consultation with the RNHRD.

## **8 ISSUES TO CONSIDER IN REACHING THE DECISION**

8.1 Not applicable to this report.

## **9 ADVICE SOUGHT**

9.1 Not applicable to this report.

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<b>Background papers</b>	<i>RNHRD Update Paper to Well-being &amp; Policy Development Panel in November 2014</i>
<b>Please contact the report author if you need to access this report in an alternative format</b>	