

RNHRD Acquisition

James Scott, RUH Chief Executive

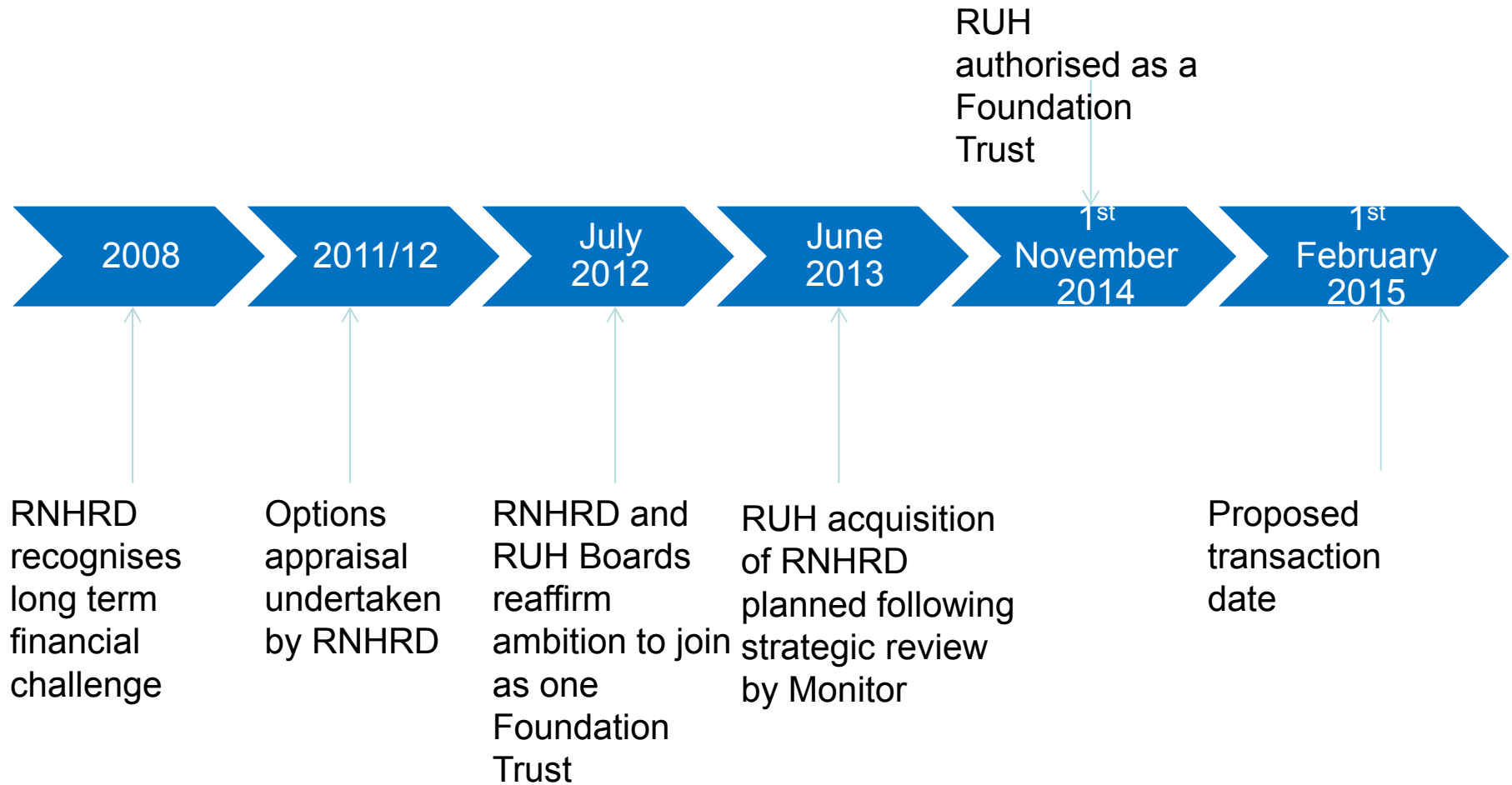
Kirsty Matthews, RNHRD Chief Executive



Overview

- Current position
- Overarching principles
- Benefits
- Next steps

Acquisition journey



Overarching principles



Benefits



Integration

- Expansion of shared care models
- New service models in therapies and self-management
- Access to specialist expertise and diagnostics



Sustainability

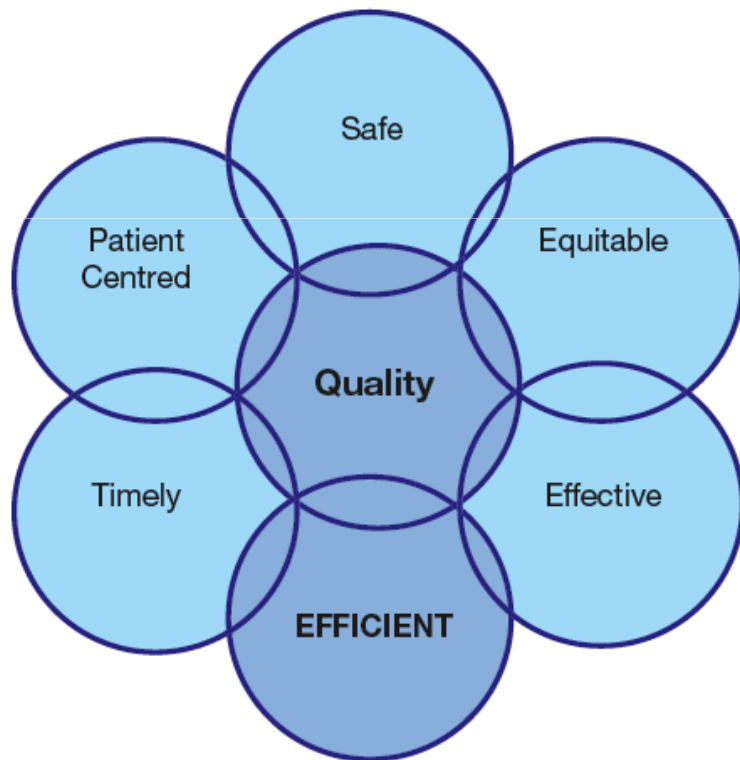
- Financial and operational
- Reduction in duplication
- Improving efficiency and effectiveness



Profile and people

- Maintaining national and international brand
- Promoting further research
- Recruitment of high calibre staff

Service development



- Delivering innovative care for patients across our community
- Reducing reliance on bed based care where appropriate
- Increasing self-care through empowering patients, supported in a community setting
- Delivering quality and operational performance
- Containing costs of provision

Research and development

- Increasing research culture in new organisation
- Larger population for clinical trials



- Bid writing expertise across the full R&D portfolio
- Promotion of R&D through reports and website

Environment



- Maintain RNHRD building for 3 years, whilst estates plans developed further at RUH
 - Enhancing the clinical and patient environment
 - Maximising clinical co-location
 - Opportunities for branding
 - Reducing operational overheads

Transaction process – indicative timeline

- Business case to be approved: *December 2014*
- Governors vote: *December 2014*
- Submission to Monitor: *January 2015*
- Earliest transaction date: *February 2015*

Proposed change day 1: Location of Endoscopy

Endoscopy location change

- Current challenges
 - 50% reduction in referrals to the RNHRD service over last 4 years
 - Aging equipment – requires replacement
 - Single handed consultant – risk to service continuity

Endoscopy service proposal

- Transfer of RNHRD patients and service to the RUH from 1st February 2015
- Consultant consistency as clinically appropriate
- Access according to clinical need; to a service that meets national best practice standards in delivery

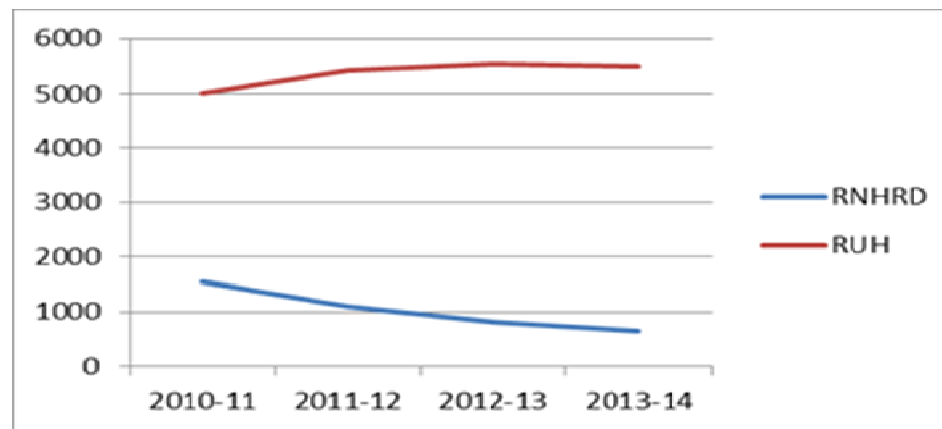
B&NES CCG leading impact assessment

Endoscopy proposal benefits to patients

- Confidence in nationally accredited service
- Modern equipment and latest techniques
- Operates 52 weeks per annum – expanded choice of appointment
- Faster onward referral to other specialties
- Resilient to staffing fluctuations

Endoscopy activity

Commissioner	2010-11	2011-12	2012-13	2013-14	2014-15
NHS B&NES CCG	560	557	421	405	152
NHS SOMERSET CCG	63	100	82	77	22
NHS WILTSHIRE CCG	812	396	284	157	54
Other Commissioners	99	39	24	19	13
Grand Total	1534	1092	811	658	241



Endoscopy engagement process

- Target group – 44% (290) repeat patients
- Individual letter from Clinical Lead outlining proposal (November 2014)
- Patients provided with opportunity to respond within 4 week period
- Many GPs already aware, regular referrers will be invited to provide feedback