

REPORT TO THE LEEDS SCRUTINY BOARD - 16 SEPTEMBER 2008**LTHT RENAL SERVICE - CHANGES, DEVELOPMENTS AND THE RENAL PATIENT TRANSPORT SERVICE****1. Background to Renal Care in Leeds**

There are a number of treatments for end stage renal failure, all of which are provided by the Leeds renal service:

- haemodialysis in main renal units at SJUH (Ward 55) and Seacroft (Parsons Unit)
- haemodialysis in satellite renal units (six in total) across West Yorkshire - five in NHS hospitals and one in a GP surgery. Two of these are in Leeds, at Seacroft (B Ward) and Beeston
- home haemodialysis - patients self care at home and can dialyse up to six times per week
- peritoneal dialysis (PD) - patients self care at home. There are three modalities: continuous ambulatory peritoneal dialysis (CAPD); automated PD (APD) and, recently, Assisted APD (AAPD) - where the patient is provided with help in the home to start or sustain APD.
- transplantation - by far the most clinically effective, cost efficient and quality of life enhancing treatment.

In addition, approximately 300 patients a year are treated for acute renal failure. This is kidney failure, which almost always recovers but these patients are seriously unwell and need intensive inpatient care.

Finally, outpatient review occurs for approximately 5,000 individuals with much less severe kidney disease. A proportion of these patients, however, do have kidney failure which is steadily progressing and these would be considered a "pre-dialysis/low clearance" cohort.

2. Service Changes

Following the closure of Wellcome Wing, the inpatient ward at the Leeds Infirmary (formerly Ward 32) moved to ward 62 in Lincoln Wing at St James's in February 2008.

Work started in May on the 24-station unit on R&S wards at Seacroft Hospital, which is expected to complete in January 2009.

Work is due to start shortly on ward 46 at the LGI, to create a 10-station chronic unit, with 2 acute beds, completing in Spring 2009.

Discussion will start shortly with the patients at the Parsons' Unit at Seacroft to identify those who will transfer to the LGI. When the 2 new dialysis units are operational, the temporary unit on T&U wards at Seacroft will close.

3. Service Developments**2.1 Live Donor Renal Transplantation.**

The Specialist Commissioning Group approved, from 2008/09, an increase in live donor transplantation activity in Leeds from 40 to 70 per year. The increase will be phased over the next three years.

This is a highly significant investment which, over time, will make a real difference to the number of patients who receive a transplant.

3.2 Pre-Dialysis/Low Clearance Care.

Primary care refers patients for the management of anaemia, which involves injections of iron and a hormone. We are in discussion with PCT colleagues about the level of demand for this service and the optimal means and location for treating patients with anaemia.

4. Renal Patient Transport Service

In April 2007, YAS was awarded the contract to convey renal haemodialysis patients to the 8 dialysis units managed by the LTHT Renal service. There is another, separate contract between LTHT and YAS for the provision of a patient transport service to all other clinical service areas across LTHT.

This report to the Health Scrutiny Board is concerned with the contract to convey renal haemodialysis patients. There are 2 main dialysis units - one at St James's University Hospital and the other at Seacroft Hospital (Parsons' Unit). There are 6 satellite units located in Seacroft, Beeston, Wakefield, Huddersfield, Dewsbury and Halifax.

Since March 2008, by far the greatest amount of difficulty has been experienced by the patients attending the Parsons' Unit at Seacroft Hospital. There has been close dialogue between LTHT Renal Service and YAS. YAS acknowledged that there were problems and, in July, communicated by letter with all their drivers on the following issues: -

- YAS staff entering clinical areas checking to see if patients were ready, interrupting treatment and causing patients to cut short their treatment in order not to miss their transport home.
- Drivers arriving too early for patients appointments (up to one hour before) even though they were planned to arrive within half an hour - the quality standard time for appointment.
- Patients left unaccompanied outside units when drivers arrive before units have opened.
- Patients being dropped off at different addresses rather than the address on the drivers' log sheets

An audit will be conducted in late September to assess the change in practice since the letter was issued.

For its part, the Leeds Renal Service, from 16 June, instituted staggered patient appointment times at Parsons' unit, ie each patient has an appointed time at which they should start their dialysis.

In April 2008, YAS identified the renal service as a pilot site for its new online booking system. Work has progressed, jointly, to the point where the system went 'live' at Parsons' Unit in mid August. It is too early to comment on its efficacy or the pace at which it will be rolled out to the remaining 7 renal units.

By 1 September 2008, all YAS vehicles will be equipped with Personal Digital Assistant technology (PDAs). LTHT Renal Service is optimistic about this new technology.

On 8 August, Counsellor Andrew Carter, at the request of the LGI KPA, met patients at the Parsons Unit, primarily to talk about their transport.

5. National Kidney Care Audit

The Department of Health has recently announced a 3-year National Kidney Care Audit, covering the 2 key areas of patient transport services for haemodialysis patients and vascular access services. An early piece of work, in October 2008, is a national survey of patient transport.