

COMMISSIONERS REPORT

PROVISION OF RENAL DIALYSIS AT LEEDS GENERAL INFIRMARY

The commissioning of NHS Renal Services across Yorkshire & the Humber is the responsibility of the Yorkshire & the Humber Specialised Commissioning Group.

1. Specialised Services

Introduction

Specialised services are those services which are not provided in every hospital (generally, they are provided in less than 50 hospitals nationally), because of:

- The small number of patients suffering from the condition and requiring treatment.
- The need for expert staff.
- The provision of expensive equipment.
- Frequently, but not always, the provision of these services will also be very expensive.

A specialised service is defined as a service with a planning population of more than one million people.

Specialised Services National Definitions Set

These describe specialised services in more detail. There are 35 individual definitions, including such services as bone marrow transplantation, rehabilitation services for brain injury and complex disability, specialised burn care services, specialised heart surgery, spinal cord injury and **renal services**.

The Carter Review (2006)

The purpose of this review, which was requested by the Department of Health, was to propose improvements in planning and providing specialised services in England. Within this review, Professor Sir David Carter, (former Chief Medical Officer for Scotland), acknowledged that patients requiring specialised services often have a long-standing relationship with the specialist centre providing their care, and have a high level of knowledge about their condition.

Professor Carter also recognised the significant financial risk of an individual Primary Care Trust having to fund expensive, unpredictable activity. This risk can be reduced by Primary Care Trusts grouping together to collectively commission specialised services and share the financial risk. Large-scale capital investment is often necessary, and the availability of other key specialities, (for example intensive care, 24-hour operating theatres and sophisticated x-ray services), is also critically important.

Specialised Commissioning Groups (SCGs)

An agreed recommendation of the Carter Review was that future responsibility for commissioning specialised services would rest with Specialised Commissioning Groups, which would share the same boundaries as the relevant Strategic Health Authority; locally this is, of course, Yorkshire & the Humber. The Yorkshire & the Humber Specialised Commissioning Group (SCG) is a permanent Joint Committee of, and acts on behalf of, all the Primary Care Trusts in the Yorkshire & the Humber Strategic Health Authority area, of which there are 14.

The underlying aims of the new commissioning arrangements for specialised services are to: ensure fair access to clinically effective, high quality, cost effective specialised services across the region; to ensure that scarce skills are used effectively; and to prevent wasteful and potentially unsafe duplication of these services.

Specialised Commissioning Groups are required to pay particular attention to areas where significant increases in demand are likely to lead to pressures on services, e.g., renal replacement therapy (dialysis and transplantation).

Specialised Renal Services (Adult) – Definition No. 11

The purpose of a definition is to identify the activity that should be regarded as specialised, and therefore, within the remit of the Specialised commissioning Group. Each definition is drawn up by a process involving clinical staff, managers, commissioners and patient groups, and then endorsed by relevant national organisations. Definition No. 11 has been endorsed by the British Renal Society, the Kidney Alliance and the Renal Association.

Definition Introduction

The National Service Framework for Renal Disease was published in January 2004 (Part I) and February 2005 (Part II), and covers all aspects of renal care, including early renal disease, chronic kidney disease (previously known as chronic renal failure), dialysis, transplantation, acute kidney injury (previously called acute renal failure) and appropriate palliative care for patients in whom dialysis is not, or is no longer, appropriate.

Renal services for patients with moderate to severe chronic kidney disease are largely delivered by renal specialists working in the specialist renal centre itself and on an out-reach basis to surrounding local hospitals. With the growing occurrence of renal disease in the elderly population, there is an increasing need to provide care for pre-dialysis patients and low clearance renal patients receiving palliative care as close to home as possible; this can be done by increasing local hospital renal care provision and improving community and primary care services.

Specialist renal centres also treat patients with acute kidney injury.

Kidney transplantation services are provided in 20 of the 50 or so renal centres across the country; in Yorkshire and the Humber, they are provided in Leeds and Sheffield. Specialist renal centre services include:

- ✓ Renal out-patient clinics on site and as an outreach service to local hospitals.
- ✓ Haemodialysis services on site.
- ✓ Satellite haemodialysis services.
- ✓ Support to patients on peritoneal dialysis and home dialysis.
- ✓ Renal anaemia management and specialist renal dietetic support.
- ✓ Conservative management programmes for established renal failure.
- ✓ Out-patient and in-patient services for acute kidney injury.
- ✓ Transplantation services.

Renal services require support from a variety of other services. Specialist surgery is necessary for haemodialysis vascular access and peritoneal dialysis catheter insertion and removal. Specialist radiology support is required for monitoring and intervention for haemodialysis vascular access, renal biopsy support and renal imaging and intervention.

Specialised Renal Activity

The renal patient pathway follows the early detection and treatment of chronic kidney disease, pre-dialysis, dialysis, transplantation, acute kidney injury and appropriate palliative care for patients in whom dialysis is not, or is no longer, appropriate. The early stages and treatment of chronic kidney disease are generally carried out in primary care in consultation, where appropriate, with a specialist renal centre. If the patient's kidney function worsens they are usually transferred to the care of a specialised renal centre for further care and, perhaps, dialysis and/or transplantation.

For patients who do not enter a dialysis programme, but instead receive conservative management (also known as palliative care), they will receive their care supervised by a specialised centre; increasingly, they will receive as much of their care as possible close to home, from their local hospital, community and primary care services.

2. Clinical Networks

Introduction

In his review, Professor Carter reported a clear need for Specialised Commissioning Groups to forge strong links with clinical networks, to ensure that commissioning and investment plans support the delivery of integrated care. GP practice and Primary Care Trust commissioning plans should be integrated with those relating to specialised services, to ensure continuity of patient care and appropriate use of resources.

The Yorkshire & the Humber Renal Network

As in many other areas of the country, new renal network arrangements have been established for Yorkshire & the Humber. These arrangements comprise a single Renal Strategy Group for the whole of the Yorkshire & the Humber region, supported by three Local Implementation Groups, which reflect and support local commissioning, provider and patient population groups and relationships. Every hospital providing renal services in the region has senior clinical and managerial representation on the Renal Strategy Group. All commissioning organisations (including the SCG) across the region are represented at senior level. There is also a patient representative.

3. Renal Haemodialysis Provision at Leeds Teaching Hospitals Trust

Background

Both the Yorkshire & the Humber SCG and NHS Leeds, (on whose behalf the SCG commissions renal services from the Leeds Trust), are aware that pre-existing renal facilities (both in-patient and dialysis) at Leeds General Infirmary (LGI) were assessed almost three years ago as unsafe under a number of mandated regulations. As a result, in-patient services were transferred to St. James's Hospital (SJH) – now the main renal centre for Leeds – and dialysis provision was temporarily transferred to Seacroft – where there are now permanent facilities.

A consultation with patients and an option appraisal were undertaken in February 2006 to agree the revised proposal. Commissioners are also aware that, as part of the consultation process that took place at that time, it had been agreed that, although in-patient facilities would remain permanently on the SJH site, some, but not all, dialysis provision would be returned to LGI – 10 stations, accommodating up to 40 patients.

Current Position

Renal dialysis is currently provided at four locations within the Leeds boundary, and the current, shared view of both the SCG, NHS Leeds and the Hospitals Trust, is that this will deliver sufficient immediate, medium and long term capacity, particularly given the joint strategy to repatriate those clinically suitable patients currently receiving their care in Leeds, to planned facilities closer to home, for example, in Huddersfield and Wakefield.

A recent patient audit has indicated that as few as 11 patients, out of a total of over 85, currently receiving dialysis at Seacroft, would prefer to re-locate to Leeds General Infirmary.

The SCG and NHS Leeds further understand that the capital cost of the planned move to the Trust would be in the region of £1.4m, which would, in this case, represent very poor value for money. Such an investment would also leave suitable existing facilities at Seacroft un-utilised.

Patient Transport

The issue of patient transport has also been raised. However, although it has been acknowledged that there are still a small number of delays, there has been a significant improvement in services and performance, which has, in fact, been commended by the National Clinical Director for Renal Services. A separate report, prepared by the ambulance service, will be presented to members in conjunction with this report.

4. Summary

It is the shared and agreed view of the Yorkshire & the Humber Specialised Commissioning Group, and NHS Leeds, that a decision by the Leeds Teaching Hospitals Trust not to invest in the re-provision renal dialysis facilities at the Leeds General Infirmary would be the right decision at this time. Such a decision would also

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be supported by the majority of members of the Yorkshire & the Humber Renal Strategy Group. This support is based on the position outlined above, which does not demonstrate a robust case for change in respect of overall cost benefit at this time.

The SCG and NHS Leeds remain committed to continuously reviewing capacity, demand and future plans for investment in all types of renal replacement therapy, (not just haemodialysis) which may lead to future changes following further consultation.

There does remain, however, an issue for patients living in North West Leeds. A recent needs analysis revealed a small number of patients in this part of the city and there have been no reported issues to date regarding access to dialysis. There are insufficient numbers to consider opening additional units, however if access does become an issue NHS Leeds working with SCG will need to explore access to units in neighbouring areas.

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