

LEEDS CITY COUNCIL
Scrutiny Board (Health)

Position Statement: Proposed Renal Services Provision at Leeds General Infirmary

Introduction

1. This position statement has been prepared to reflect the outcome of the Scrutiny Board (Health) meeting, held on 28 July 2009. It is intended to be presented to the Leeds Teaching Hospitals NHS Trust Board at its meeting on 30 July 2009, to inform its consideration on Renal Haemodialysis Satellite Unit at Leeds General Infirmary (LGI).

Background

2. The Scrutiny Board was first advised of the need to close the Wellcome Wing at Leeds General Infirmary (LGI) in February 2006. The decision to close the Wellcome Wing included the decision to reconfigure and re-house services elsewhere in Leeds Teaching Hospitals NHS Trust (LTHT).
3. In March 2006, the Scrutiny Board received an outline of the proposals to reconfigure Renal Services in Leeds. This included St. James' Hospital becoming the main centre for inpatient renal services with an expanded satellite service, which would be delivered from Seacroft Hospital (via an 18-station dialysis unit), in addition to a new 10-station dialysis unit at the LGI.
4. At that time, the Scrutiny Board did not believe that sufficient consultation had taken place with patients around the reconfiguration proposals. On the recommendation of the Scrutiny Board, further public consultation took place between June and August 2006.
5. The outcome of the consultation and key issues agreed by NHS Leeds and LTHT were reported to the Scrutiny Board in December 2006. This included:
 - Centralisation of in-patient services at St. James's
 - Establishment of a permanent dialysis facility at Seacroft
 - Delivery of a 10-station haemodialysis unit at LGI
6. Since that time, while there have been on-going issues associated with patient transport reported and considered by the Scrutiny Board, there has been no indication or suggestion that the dialysis unit planned for LGI would not be delivered.
7. In early June 2009, via a Kidney Patient Representative, the Chair of the Scrutiny Board first became aware of proposals not to proceed with the LGI dialysis unit as planned. At its meeting on 30 June 2009, the Scrutiny Board agreed to consider these proposals in more detail at its meeting in July 2009.

Witnesses and evidence received

8. In order to gain a rounded view on the proposals, the Scrutiny Board Chair invited input and written submissions from the following organisations:
 - Leeds Teaching Hospital NHS Trust
 - NHS Leeds
 - Specialised Commissioning Group (Yorkshire and the Humber)
 - Yorkshire Ambulance Service (YAS)
 - Kidney Patients Association (LGI)
 - Kidney Patients Association (St. James')
 - National Kidney Federation
9. Each of the above organisations provided a written submission. These submissions were presented to the Scrutiny Board and are publicly available. In addition, with the exception of the National Kidney Federation, each organisation was represented at the Scrutiny Board meeting held on 28 July 2009.
10. The acting Chair of the LTHT Board did not attend the Scrutiny Board meeting, but was invited to do so.

Considerations of the Board

11. In considering the evidence presented, the Scrutiny Board also considered issues associated with NHS Trusts' duty to consult, alongside those issues associated with the substantial variation/ development of local health services.

Department of Health (DoH) Guidance

12. Each of the local NHS Trusts has a duty to consult the Scrutiny Board on any proposals it may have under consideration for substantial development or variation in the provision of local health services.
13. NHS Trusts should discuss any proposals for service change at an early stage, in order to agree whether or not the proposal is considered substantial. If proposals are determined as a substantial development or variation, the NHS Trust must formally consult the Scrutiny Board. There should also be discussion with the Scrutiny Board about how consultation will be undertaken more generally.
14. The duty to consult the Scrutiny Board is in addition to the duty placed on NHS Trusts to consult and involve patients and the public as an ongoing process. Government guidance on consultations states that full consultation (involving patients, the public and the Scrutiny Board) should last for a minimum of twelve weeks.

Understanding 'substantial variation and substantial development'

15. There are no regulations that define 'substantial' variation or development. However, Appendix 1 outlines the locally agreed definitions of the reconfiguration proposals and stages of engagement/ consultation. Such definitions have previously been used by the Scrutiny Board and its working groups when considering other service change proposals.

Proposed changes to the renal haemodialysis Satellite Unit at Leeds General Infirmary (LGI)

16. In October 2008, the LTHT issued confirmation that a new renal dialysis satellite unit (on Ward 44) at LGI would open in December 2009. This in itself represented a delay in delivering the new unit, but it undoubtedly re-stated the Trust's commitment to providing this facility. As recently as February 2009, it was reported to the NHS Leeds Trust Board that:

'The longer term agreed plan for these stations is to maintain 18 stations at Seacroft and to relocate 10 stations to a renovated area within LGI. The new unit will open on Ward 44 at Leeds General Infirmary in December 2009. As of October 2008 LTH report that discussions were ongoing with patient representatives regarding the roll out of this development.'

17. Yet in March 2009, the LGI scheme had been withdrawn from the capital programme endorsed by the LTHT Board. This took place without the involvement or knowledge of the kidney patients, the wider population or the Scrutiny Board. It would also appear to have been taken forward without the knowledge or involvement of the service commissioners.
18. In considering the proposals not to proceed with a 10-station dialysis satellite at LGI¹, the Scrutiny Board (Health) has been mindful to consider the general impact of such a change upon patients, carers and the public who use or have the potential to use a service. Specifically, this has included:

Changes in accessibility of services.

19. The Scrutiny Board (Health) has heard contradictory arguments about the potential impact on current/ future patients in the North and North West of the City. The Scrutiny Board is not satisfied with the robustness of data presented in the Trust Board report and believes that additional work, including more informed consultation with patients, needs to be undertaken to fully assess the impact of the current proposals.

Impact of proposal on the wider community

20. The Scrutiny Board (Health) believes that the proposed changes have the potential to affect a significant number of patients receiving haemodialysis. The Board also recognises that this number of patients is predicted to increase year-on-year for the foreseeable future. Therefore, the Scrutiny Board does not feel that the wider public have been adequately involved in formulating the current proposals. Clearly, only through full involvement activity will the commissioners and the Trust be able to take a considered view as to whether the plans are in the interests of local health services.
21. While the Scrutiny Board recognises that investment in the water treatment plant at St. James' is significant and is likely to benefit a large number of kidney patients, the Board fails to understand why this necessary investment was not identified earlier. Indeed, the Scrutiny Board heard evidence to suggest that the necessary maintenance had been identified for some time. As such, the Scrutiny Board

¹ As set out in the LTHT Board report (30 July 2009)

believes that the information as presented demonstrates a distinct lack of forward planning and the replacement of the water treatment plant at St. James' should not be at the expense of the long awaited unit at LGI.

Patients affected

22. The Scrutiny Board recognises that the patients currently accessing renal dialysis services (and those patients likely to access services in the future) will need to do so for many years. As such, the Scrutiny Board does not believe that patients have been sufficiently involved in the most recent developments and formulation of the current proposals.
23. Since early 2006, renal services provision and, in particular, dialysis services across Leeds has been an area considered by the Scrutiny Board on many occasions. On a number of occasions the Board's focus has been on the provision and reliability of transport services for kidney patients. However, consideration of such matters has always been in the knowledge and belief that, in the longer-term, some of the difficulties around patient transport would be resolved by the re-provision of dialysis facilities at LGI. Comments from Yorkshire Ambulance Service reaffirmed that this would be the case for some patients – particularly those accessing services from the North and North–West of the City.
24. The Scrutiny Board considered the evidence presented by the Chief Executive of LTHT and the commissioners, which attempted to demonstrate that there was already sufficient capacity to cater for the current and projected level of demand for renal dialysis services provided by LTHT. However, the Board believes that the location of services and the impact this may have on the quality of life experienced by renal patients, are aspects that should be integrated into any considerations around the capacity of dialysis services. The Scrutiny Board (Health) does not believe that such considerations have been adequately considered in the development of the current proposals.

Methods of service delivery

25. The Scrutiny Board (Health) considered the information associated with the overall approach to renal replacement therapy (RRT). The Scrutiny Board also considered the overall desire to provide local health services closer to home – hearing how the home dialysis service could help alleviate issues around access to services. Nonetheless, the Scrutiny Board also heard how current staffing issues across renal services is having an impact on the timely delivery of home dialysis. If such services are to provide a real alternative to hospital dialysis, there needs to be sufficient evidence that such services have adequate resources and capacity to offer this alternative to a wide group of patients.
26. In addition, the Scrutiny Board believes there is insufficient evidence to demonstrate that the views of patients and carers have been collated and analysed in this regard.

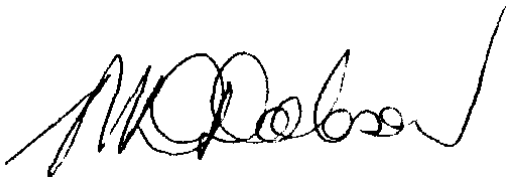
Conclusion and recommendations

27. Throughout its involvement in considering the provision of renal services across Leeds, the Scrutiny Board's underlying aim has been to ensure that high quality health care services are available for all kidney patients across the City – without adding to patients' often already complicated lives. In light of the process for

developing the current proposals, the Board does not believe that the proposals will deliver the necessary quality for all patients.

28. As such, based on the evidence presented to the Scrutiny Board and the Department of Health Guidance on Overview and Scrutiny for Health, this Board believes that the current proposed changes to renal dialysis provision represents a substantial variation to service delivery. As such, the Board feels that a statutory period of consultation is required and should take place prior to any decision of the Leeds Teaching Hospitals NHS Trust (LTHT) Board.
29. Based on the above, the Scrutiny Board recommends that the LTHT Board defer any decision on renal dialysis provision until such consultation has taken place.
30. It should also be recognised that as part of any formal consultation period, there are a number of outstanding issues that the Scrutiny Board would wish to pursue.

On behalf of the Scrutiny Board (Health)

A handwritten signature in black ink, appearing to read 'Mark Dobson', written in a cursive style.

Councillor Mark Dobson (Chair)

29 July 2009

Definitions of reconfiguration proposals and stages of engagement/consultation				
Definition & examples of potential proposals	Stages of involvement, engagement, consultation			
	Informal Involvement	Engagement		Formal consultation
<p>Substantial variation or development Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT</p>				<p>Category 4 Formal consultation required (minimum twelve weeks) (RED)</p>
<p>Significant variation or development Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people</p>			<p>Category 3 Formal mechanisms established to ensure that patients/service users/ carers and the public are engaged in planning and decision making (ORANGE)</p>	Information & evidence base
<p>Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries</p>		<p>Category 2 More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought (YELLOW)</p>	Information & evidence base	
<p>Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours</p>	<p>Category 1 Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions (GREEN)</p>		Information & evidence base	

OSC involved

OSC may be involved

Note: based on guidance within the Centre for Public Scrutiny *Substantial variations and developments of health services, a guide*