APPENDIX 2

Scrutiny Board (Health)

Renal Services: Provision at Leeds General Infirmary

Follow-up questions

Strategy

1. Following the decision to close the Wellcome Wing, and based on the information presented to the Scrutiny Board (dating back to early 2006), the provision of a 10 station dialysis unit at LGI has always been part of the longer-term plan for the provision of renal services. Please explain the rationale (including the clinical need) that informed the decision at that time, and outline what has subsequently changed.

2. At the recent Scrutiny Board meeting (28 July 2009), it was stated that renal dialysis formed part of a wider strategy for renal replacement therapy (RRT). Please provide the following information:

   - An outline of the wider/ overall RRT strategy and details of how and when this strategy was developed and adopted – including any involvement of overview and scrutiny committees across the region.
   - Confirmation of the renal centres across Yorkshire and the Humber, including the services/ treatments provided, the population/ geographical areas each centre serves and the current number of patients accessing haemodialysis.
   - Confirmation of the current number of kidney transplants per annum (regionally and locally).
   - Confirmation of the current number of patients using home dialysis (regionally and locally)
   - Confirmation of the 'ambitious targets' for increasing the number of transplants and the level of home dialysis (regionally and locally), including details of how this will be delivered.

Previously agreed plans

3. 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.'

   In March 2009, the LGI scheme had been withdrawn from the capital programme endorsed by the LTHT Board.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.

   Please explain how these circumstances arose. For example:

   - When did discussions about proposals not to proceed with the dialysis unit at LGI first take place within LTHT and who was involved?
   - What, if any, considerations were given to involving other interested parties in these discussions, i.e. commissioners, patients and cares (i.e. KPA) and the Scrutiny Board.

- Why is there evidence to suggest that there was a parallel process running during the early part of 2009, whereby the KPA were still involved in discussions around the delivery of a unit at LGI?
- When did NHS Leeds and SCG first become aware of LTHT's proposals not to proceed with the dialysis unit at LGI?
- Does this signify a breakdown in communication between LTHT and NHS Leeds as commissioners?
- What does this situation say about the general relation between local NHS bodies?

4. The report presented to the LTHT Board (30 July 2009) refers to 34 dialysis stations on R&S ward at Seacroft

    - Who agreed this change?
    - When was this agreed?
    - Who was consulted over this change?
    - Why was the Scrutiny Board never specifically advised of this change in capacity/ provision and any implications for the longer-term strategy?
    - Was this a decision a deliberate move by LTHT to increase capacity at Seacroft by stealth and undermine the plans to re-provide services at the LGI as promised?

5. The LTHT report (30 July 2009) also states that *'…the ward 44 scheme involves a level transfer of 10 stations from Seacroft unit to LGI'.* Given the context of the LGI unit being part of the longer term plans, at what point did the planned unit at LGI involve the transfer of stations from Seacroft.

Demand and capacity

6. Please complete and/or correct the summary table presented at Appendix 1.

7. In the report presented to the LTHT Board (30 July 2009), the projected level of demand for renal haemodialysis is detailed as 558 (by 2013/14) from the current level of demand (i.e. 492). However, the Scrutiny Board received the following evidence from the National Kidney Federation:

    > *It is anticipated nationally that numbers of patients requiring all forms of renal replacement therapy will continue to grow for the foreseeable future, with the greatest demand coming in the hospital based haemodialysis sector, (forecast to rise by up to 8% per annum).*

    Please explain the methodology used that predicts local demand to rise by less than an average of 2% over 5 years.

8. The Scrutiny Board heard that currently there are 400 patients (approximately) awaiting pre-dialysis education. Please confirm the number of patients (both regionally and locally) and explain how this relates to the predicted level of demand.

9. The Scrutiny Board heard evidence to suggest that currently some patients are receiving a reduced level of dialysis – both in terms of time spent dialysing and the number of dialysis sessions. Staff absence was cited as one reason. Please comment.

10. The Scrutiny Board also heard how current staffing issues across renal services is having an impact on the timely delivery of home dialysis. Please provide evidence that such services have adequate resources and capacity to offer this alternative to a wide group of patients in the short, medium and longer-term.

Patient survey

11. The report presented to the LTHT Board (30 July 2009) states that, *'…in a recent patient survey only 11 patients expressed a preference to dialyse at LGI…'.* Please provide a full summary of the outcome of the survey, including the questions posed and the options available. Please confirm whe the survey was carried out (and by whom) and the involvement of the KPAs.

Patient Transport

12. Pease provide details of the catchment areas for the current satellite units. i.e. Where are patients currently travelling from and to for their treatment?

13. What are the travelling times for patients from the North/ North-West of the City, who dialyse at Seacroft?

Role of the Scrutiny Board

14. The legislation and guidance around health scrutiny places a duty on local NHS bodies to consult with the Scrutiny Board on any proposed substantial development or variation in the provision of local health services. The guidance also states that 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. In this instance it is clear that the local NHS bodies involved have failed in this duty.

- Please explain how this has happened and outline what steps will be taken to prevent a similar situation arising in the future.
- What evidence is there to demonstrate that the statutory role of the Scrutiny Board is recognised, understood and valued within the organisations that make up the local health economy?
- What assurances can be given to the Board that this situation is not reflective of a wider indifference to the role of scrutiny?

APPENDIX 1

LTHT RENAL CENTRE / SATELLITE UNITS – SUMMARY INFORMATION

Unit	No. of dialysis stations	Maximum capacity (2 sessions/day)	Current demand (2009)	Current utilisation/ occupancy[1]	Maximum capacity (3 sessions/day)	Projected demand (2013/14)	Comment
Beeston	10	40					
Halifax	10	40					
Huddersfield	10	40					
Seacroft (B ward)	10	40					
Dewsbury		48					
Wakefield		48					
Seacroft (R&S ward)	34	136					
SJUH (Wards 55/53)	27	110					17 adult stations 5 Hep B stations 5 paediatric stations
TOTALS		**502**	**492**	**98%**		**558**	

[1] Demand divided by capacity