

Scrutiny Statement

Renal Services in Leeds

Scrutiny Board (Health)
December 2009



Introduction and Scope

Introduction

1. The delivery of a 10–station renal dialysis unit at Leeds General Infirmary (LGI) has been a long awaited development for Leeds’ kidney patients: It has also been a long-standing commitment of Leeds Teaching Hospitals NHS Trust (LTHT)
2. In early June 2009, the new Chair of the current Scrutiny Board (Health) first became aware of proposals not to proceed with the dialysis unit at LGI, and duly reported this to our first meeting of the new municipal year.
3. As a result, we agreed to consider the proposals in more detail at our Board meeting on 28 July 2009.
4. In order to gain a rounded view on the proposals, including the rationale and potential implications, we invited the following organisations and interested parties to provide written submissions and attend our Board meeting:
 - Leeds Teaching Hospitals NHS Trust (LTHT)
 - NHS Leeds
 - Specialised Commissioning Group – Yorkshire and the Humber (SCG)
 - Yorkshire Ambulance Service (YAS)
 - Kidney Patients Association (LGI)
 - Kidney Patients Association (St. James’)
5. We also considered a written submission from the National Kidney Federation, and were provided with a summary of key dates and events, by way of a timeline (Appendix 1).
6. Following our July 2009 meeting, we rapidly drafted and agreed a position statement which was presented to the LTHT Board at its meeting on 30 July 2009. The full position statement is presented at Appendix 2, however the main conclusions can be summarised as follows:
 - Our underlying aim has always 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.
 - We did not believe that the proposals would deliver the necessary quality for all patients.
 - We believed that the proposals represented a substantial variation to service delivery and required a statutory period of consultation.
 - We recommended that the LTHT Board defer any decision on the proposals until such consultation had taken place and, as part of any formal consultation period, there were a number of outstanding issues that we still wanted to pursue.
7. When considering our conclusions and recommendation, the LTHT Board did not agree that the proposals represented a substantial variation. However, as a result of our concerns, the LTHT Board agreed to defer its decision, pending further discussions with us.
8. The outstanding issues we wanted to pursue were confirmed by way of a set of supplementary questions, issued to LTHT and other key stakeholders on 6 August 2009.



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9. These supplementary questions covered the following broad areas:
 - Previously agreed plans
 - Strategy
 - Demand and Capacity
 - Patient Survey
 - Patient Transport
 - Role of the Scrutiny Board
10. Within the context of seeking to ensure that high quality health care services are available for all kidney patients across the City, these areas formed the scope of our further inquiry.
11. After a somewhat lengthy delay, we received the response to our supplementary questions in late October 2009 and formally considered these details at our Board meeting on 24 November 2009.



Conclusions and Recommendations

Background

12. Since issues associated with the provision of renal services in Leeds were first raised with the City Council (February 2006), it should be recognised that the terms of reference and membership of, what is now, Leeds City Council's Scrutiny Board (Health)¹, have changed on a number of occasions. This statement and its recommendations should be considered in this context.
13. Since February 2006, when the Scrutiny Board was first advised of the need to close the Wellcome Wing at Leeds General Infirmary (LGI), various matters associated with the provision of renal services have been the subject of public scrutiny on a number of occasions. This activity has tended to focus on the location and provision of haemodialysis services within the Leeds boundary.
14. As part of the decision to close the Wellcome Wing, it was agreed to reconfigure and re-house a number of services elsewhere in Leeds Teaching Hospitals NHS Trust (LTHT). This included the provision of renal dialysis.
15. In March 2006, the Scrutiny Board received an outline of the proposals to reconfigure renal services in Leeds. It was proposed that St. James' University Hospital (SJUH) would become the main centre for inpatient renal services with an expanded satellite service, delivered from Seacroft Hospital (via an 18– station dialysis unit), in addition to a new 10– station dialysis unit at the LGI.
16. 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.
17. 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
18. Since December 2006, on-going issues – often associated with renal patient transport, have been reported and considered by the Scrutiny Board. In addition, there have been some changes to the proposed location of the renal unit at LGI, which have resulted in delays. However, from March 2006 until June 2009 there had never been any indication or suggestion that replacement dialysis facilities would not be provided at LGI.

¹ All references to the Scrutiny Board (Health) include all previous Leeds City Council Scrutiny Boards (since January 2006) appointed with the responsibility for the scrutiny of local NHS health care services.



Conclusions and Recommendations

Current position

19. Having received the response to our supplementary questions in late October 2009, we agreed to formally consider the additional information at our Board meeting on 24 November 2009. In order to help us consider the supplementary information in more detail, we invited the following key stakeholders to our Board meeting:
- Leeds Teaching Hospitals NHS Trust (LTHT)
 - NHS Leeds
 - Specialised Commissioning Group – Yorkshire and the Humber (SCG)
 - Yorkshire Ambulance Service (YAS)
 - Kidney Patients Association (LGI)
 - Kidney Patients Association (St. James')
20. Unfortunately, the Kidney Patients Association (St. James') representative was unable to join our meeting, but issued a statement via the Kidney Patients Association (LGI) representative.
21. We also considered the draft Yorkshire and Humber Renal Network Strategy for Renal Services (2009-2014) which had been formally received on 16 November 2009².
- Previously agreed plans**
22. It is clear to us that the decision to deliver a renal unit at LGI formed an integral part of the agreed strategy for reconfiguring services that resulted from the necessary closure of the Wellcome Wing at LGI.
23. It is also clear that local key stakeholders, including service commissioners, LTHT, patient groups and representatives and the Scrutiny Board, were collectively involved and engaged in developing this strategy.
24. As such, we believe that all stakeholders were fully signed up to the implementation of this strategy and it is our view that all key stakeholders anticipated the timely delivery of a dialysis unit at LGI.
25. In this regard, the business case to create the dialysis unit at LGI was agreed, in its entirety, by the LTHT Board on 29 November 2007. There is also compelling evidence that LTHT repeatedly re-affirmed its commitment to deliver a dialysis unit at LGI on a number of separate occasions.
26. We are not satisfied with the rationale presented for revisiting the original decision and strongly oppose the approach adopted by LTHT, i.e. to review a fundamental element of the overall exit strategy for Wellcome Wing, both some considerable time later and in total isolation from the other elements.
27. Furthermore, within the agreed business case (November 2007), the following risks were identified:
- 'By not providing this unit, there is no local dialysis for the population of west/northwest Leeds who require dialysis. Inpatients at the LGI who require dialysis will continue to be treated by a locally based renal support team, which is less cost effective, in staffing, than treating the patients from a static dialysis unit.'*

² A copy of the draft strategy and consultation letter was received through an informal source on 9 November 2009.



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28. We have not been provided with any evidence to suggest that these risks no longer exist. As such, it is our strongly held view that such risks still remain and are, at least, equally valid.

29. We feel it is important to remember that plans to re-provide dialysis facilities at LGI go as far back as February 2006. These plans were restated in March 2006 and put forward in a consultation document in May 2006. Reporting support for the proposals in December 2006, LTHT agreed a business plan for the scheme in November 2007 and reiterated its support on a number of occasions. This included confirmation of the proposals being formally reported to the Scrutiny Board in March 2008 and September 2008.

30. As such, we believe that kidney patients have waited long enough for the promised re-provision of dialysis facilities at LGI and that LTHT should cease its prevarication and deliver what has been agreed and promised.

Recommendation 1

Given paragraphs 29 and 30, Leeds Teaching Hospitals NHS Trust:

(a) Immediately re-affirms its commitment to re-provide dialysis facilities at Leeds General Infirmary; and,

(b) Finalise plans for replacement dialysis facilities at Leeds General Infirmary and deliver these as soon as practicable, but no later than December 2010.

31. Notwithstanding our opposition to the current proposal, we also believe that, given the intrinsic links with the agreed strategy for dealing with the closure of Wellcome Wing, any proposed deviation from that original decision represents a substantial variation and should be subject to a statutory period of consultation. This is in line with our previous statement attached at Appendix 2.

Strategy

32. In July 2009, we were advised that haemodialysis formed part of a wider regional strategy for renal replacement therapy (RRT), which had informed the proposal not to provide a dialysis unit at LGI.

33. We sought clarification regarding the content of this strategy and the process for its development. However from the response received we do not believe that the proposal was informed by a wider regional strategy and that, at the time of developing the proposal, no such strategy was in place.

34. Not least, this view is supported by the fact that the draft Yorkshire and Humber Renal Network Strategy for Renal Services (2009-2014) was not approved for wider consultation until 16 October 2009 and subsequently issued for consultation in November 2009.

35. Therefore, at the time that the proposal was developed, it is clear that at best the draft strategy had no formal standing, and at worst may not even have been drafted.



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36. The involvement of key stakeholders, including overview and scrutiny committees across the region, should form an integral part of the development of regional commissioning arrangements and/or strategies.
37. We believe that, as the development of a regional strategy clearly represents a potential substantial development of local health services, there should have been some very early dialogue between SCG and overview and scrutiny committees.
38. This dialogue should have included an indication of the potential implications and also the role of scrutiny in the development of the strategy. There is no evidence of any such dialogue.
39. However from the evidence presented to we can find no indication of any engagement with any health overview and scrutiny committees across the region in this regard.
40. While we have received statements of intent from SCG around involving and engaging overview and scrutiny committees across the region (via extracts from the strategy – ‘*Involving and Engaging Patients and the Public in Specialised Commissioning*’) and also received some evidence where such engagement had taken place on a regional basis³, we believe the arrangements associated with the development of the regional renal strategy highlight some significant failings and inconsistencies within SCG.

Recommendation 2

By May 2010, the Yorkshire and the Humber Specialised Commissioning Group review its current work programme to identify those areas of service development where overview and scrutiny committees should be actively engaged, and propose an appropriate timetable of activity.

41. Following the original decision to deliver a 10-station dialysis unit at LGI, we asked service commissioners and LTHT to explain what had subsequently changed and why a unit at the LGI was no longer needed.
42. We were advised that the proposal had only come about as LTHT had further carefully scrutinised clinical need, capacity and cost. However, LTHT also advised us that ‘*There remains no clinical need for such a facility at LGI.*’ and that it was due to, ‘*...a considerable amount of concern expressed from users... that the Trust proposed the 10 station unit [at LGI] – indicating that the original decision was never based on clinical need.*’
43. We strongly believe that if the proposal had been informed by changing clinical need, this would have been driven by the service commissioners rather than LTHT, as the service provider. However, as we were advised that service commissioners were not aware of LTHTs proposals until after 2nd June 2009, this is clearly not the case.

³ In relation to the national and regional plans for the reconfiguration of Specialised Burn Care Services



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44. We raised the issue of communication failure between the service commissioners and LTHT, which to a large degree was rebuffed. However, despite the view expressed by LTHT, we believe this episode demonstrates a serious breakdown in communication. This is further evidenced by the update provided to the NHS Leeds Board in February 2009, where it was reported 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.'

45. In November 2009, NHS Leeds acknowledged that there had been communication difficulties between service commissioners and LTHT, and went on to advise that new procedures would be put in place to ensure communication was improved. However, details of the necessary improvements and how these would be implemented were not provided.

Water treatment plant – SJUH

46. We have also received conflicting information regarding the significance of the replacement of the water treatment plant at SJUH and the impact this had on the proposed unit at LGI.

47. In July 2009, we were advised that the need to replace the water treatment plant at SJUH was a higher priority than to provide the additional unit at LGI – the result of which was a substitution within the Capital Programme.

48. However, in November 2009 we were advised that the two schemes were not linked and the proposal around the LGI scheme was not based on an 'either / or' position or discussion.

49. Notwithstanding the contradictory information provided at public meetings, we have written communication (dated 26 May 2009) from LTHT's Director of Planning which comments on this situation, as follows:

'In effect, we have substituted one renal priority for another. Many more renal patients will be affected if we don't sort the water treatment plant than if we don't sort the LGI dialysis unit.'

50. In the communication, the Director of Planning also stated:

'If we had enough capital to meet all the 9/10 requirements we would still be proposing to deliver the dialysis unit at LGI.'

51. We feel that LTHT has knowingly presented us with misleading information and believe that the proposal not to proceed with the dialysis unit at the LGI was based on an 'either / or' type discussion. Indeed, in a report to the LTHT Board in July 2009, the clinical views on the water treatment plant at SJUH and the proposed unit at LGI were presented side-by-side. For LTHT to state that discussions and decisions about both schemes are not linked seems very disingenuous.

52. Furthermore, we feel this provides clear evidence that the proposal was based solely on financial considerations, with other factors, such as clinical need and patient safety issues, being secondary and convenient considerations.

53. We also believe that to have an 'either / or' type discussion regarding an agreed capital programme scheme and a item of planned maintenance is inappropriate and demonstrates some serious weaknesses in the financial planning processes in LTHT.



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Capacity

54. In September 2008, we had been advised that work on a new 24–station dialysis unit at Seacroft Hospital had commenced in May 2008, with work on the 10–station unit at LGI due to start shortly.
55. However, as recently as February 2009, it was reported to the NHS Leeds 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 LTHT report that discussions were ongoing with patient representatives regarding the roll out of this development.’*
56. This confirms that, while the provision of a 10-station unit at LGI had been a clear part of the plans for renal services for some time, the precise number of stations to be provided at Seacroft has been less clear.
57. Nonetheless, in July 2009 we were extremely shocked to hear that the permanent Seacroft unit was established with 34-stations – almost a 100% increase on the 18 stations expected by NHS Leeds.
58. Having queried the actual number of stations provided at Seacroft, in November 2009 we were advised of a process involving SCG and LTHT which resulted in an increase in capacity at Seacroft being agreed, to help service West Yorkshire.
59. However, this change in capacity occurred without our knowledge or involvement and, based on their report in February 2009, that of NHS Leeds: Yet, this increase in capacity at Seacroft was then used as part of the justification for not proceeding with the planned unit at LGI.
60. In November 2009, LTHT also reported that:
- ‘...there was never any suggestion that having more stations than at first identified was going to be a problem.’*
- ‘The Trust would not normally advise the Scrutiny Board when it was creating additional capacity.’*
61. Department of Health (DH) guidance states 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.
62. It is our understanding that the DH guidance is provided in the context of all services changes and/or developments and is not limited to reductions in service or capacity.
63. Furthermore, it is clear that the originally agreed provision of dialysis stations at Seacroft and LGI (as replacement of the facilities previously provided in the Wellcome Wing) are inextricably linked and, therefore, any change in capacity in either of those locations could have longer-term implications in terms of the sustainability of other facilities.
64. As such, we find it incredible that LTHT failed to recognise the importance of discussing any proposed changes around capacity at Seacroft, including the associated rationale, with us before they were agreed and implemented.



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65. We would have welcomed the opportunity to have examined any implications of proposed changes at the time of the original discussions, and it is extremely regrettable and deeply concerning that we were not afforded this opportunity.

66. We feel that this demonstrates a lack of awareness in terms of LTHT's statutory duty to engage and inform us about proposed changes and/or developments of local health care services. It is also our view that, at best, this demonstrates very poor judgement on behalf of LTHT and, at worst, contempt for our role as the public watchdog for local health care services.

67. We would also question whether there has been a deliberate attempt to build up capacity at Seacroft, in order to make the proposed unit at LGI unsustainable and unnecessary.

Demand

68. In July 2009, we were repeatedly advised that it was the shared view of the service commissioners (i.e. SCG, and NHS Leeds) that the current arrangements were sufficient to deliver the necessary capacity in the immediate, medium and longer-term. As such, LTHT's proposal not to invest in the re-provision renal dialysis facilities at the LGI would be the right decision.

69. However, we were also advised by the National Kidney Federation that numbers of patients requiring all forms of renal replacement therapy are anticipated 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).

70. Furthermore, in November 2009 we were advised that it was 2 years since any detailed modelling work had been undertaken on the likely future numbers of end stage renal failure patients across Yorkshire and the Humber. We were also advised that further work was needed to develop confidence in the new modelling tool being used to help predict future patient numbers. This position is supported by the action plan detailed in the draft Yorkshire and Humber Renal Network Strategy for Renal Services (2009-2014).

71. Again, it appears that we have been provided with, at best, conflicting and, at worst, misleading information in terms of future demand. As a result, we have no confidence in the position reported to us in July 2009 and believe that further modelling work is needed to understand the likely demands for renal dialysis both within the Leeds boundary and across the region.

72. We feel that the arguments put forward regarding both capacity and demand fail to stack up and the original information provided in July 2009 has failed to stand up to further scrutiny.

73. We believe that information has been manipulated to support the notion and management position that a dialysis unit at LGI is not required.

Patient Survey

74. In July 2009, service commissioners and LTHT made significant reference to the outcome of a patient survey: They reported to us that, in a survey of patients receiving treatment at Seacroft, only 11 patients (from a total of over 85) had indicated a desire to relocate and receive their treatment at LGI. Indeed,



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the service commissioners used this evidence to support the argument that to proceed with the planned unit would represent *'very poor value for money'*.

75. Details relating to the outcome of the patient survey were also presented and reported to the LTHT Board in July 2009, where it was stated:

'There are approximately 490 patients currently on dialysis, 11 have said they would prefer to go to the LGI. '

76. In our follow-up questions, we asked for more information on how the survey was undertaken and a full summary of the results. From the additional information received, it became patently obvious that the survey methodology was severely flawed – as the survey was intended for a different group of dialysis patients and sent to Seacroft patients in error.

77. We reached the conclusion that the patient survey data presented was wholly inappropriate and clearly invalid. When pressed, LTHT finally agreed to withdraw the patient survey data – also stating this would not be used in any further reports to the LTHT Board.

78. However, this leads us to question the robustness of internal mechanisms and quality assurance processes within LTHT and service commissioners. Current systems and processes have allowed flawed and misleading information to be presented to us and the LTHT Board itself. This information has been presented 'as fact', when it is quite clearly not fit for purpose.

79. We believe this further demonstrates the manipulative approach taken when presenting information to us, and possibly the LTHT Board itself – in an attempt to construct an argument in support of, and justification for, a proposed u-turn on an

agreed service development. Our level of deep concern in this regard cannot be overstated.

Patient Transport

80. Since early 2006, when the initial proposals to close the Wellcome Wing and relocate renal services elsewhere were first raised, issues associated with patient transport have transcended many of our discussions around renal services.

81. On a number of occasions we have focused on the provision and reliability of transport services for kidney patients: We have heard of the plight of many patients, including the sometimes tortuous journey times endured, in order to access the thrice-weekly life-saving treatment they need.

82. However, consideration of such matters has always been in the knowledge and firm 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.

83. Initial comments from the Yorkshire Ambulance Service (YAS) reaffirmed this to be the case for some patients – particularly those accessing services from the North and North-West of the City. However, in order to gain an insight into the wider patient transport perspective, we sought additional data for the West Yorkshire sub-region.

84. In November 2009, we were presented with a range of patient transport data (provided by YAS), including the journey times of dialysis patients travelling from specific Leeds postcode areas.



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85. On reviewing the additional information, it quickly became apparent that once again we had been presented with inaccurate information that was wholly inappropriate and not fit for purpose.
86. The information was so completely inaccurate, it was embarrassing that this had been submitted as 'fact' within a public arena. We feel this demonstrates a distinct lack of local knowledge across each of the NHS organisations that had been party to information prior to its formal submission.
87. The level of inaccuracy quickly led to YAS seeking to withdraw the information from the meeting and making a firm commitment to investigate the circumstances which had led to the information being presented to us in such a way.
88. We believe this is further evidence that the quality of information provided to us by a range of NHS bodies has been extremely poor and totally unacceptable.
89. This has given rise to us questioning the accuracy of other transport data presented, both at the meeting in November 2009 and historically.
90. We would also question the role that such data may have had in the performance managements arrangements between LTHT, YAS and other service commissioners in any other broader ambulatory and transport arrangements. We call for an immediate review of such arrangements and supporting processes.

Recommendation 3

Following the circumstances and processes associated with the proposal not to re-provide dialysis facilities at Leeds General Infirmary, as highlighted in this report, that by June 2010, the Secretary of State for Health commissions and publishes an independent review that:

- (a) Focuses on the lessons learned and areas for improvement, which presents an appropriate action plan;**
- (b) Reviews the financial planning processes and financial management arrangements of Leeds Teaching Hospitals NHS Trust;**
- (c) Considers the circumstances which resulted in an increase in renal dialysis capacity at Seacroft Hospital, without the engagement of the Scrutiny Board (Health) and, seemingly, NHS Leeds;**
- (d) Considers any manipulation of key information (e.g. patient survey information) which has been presented as justification for the proposals;**
- (e) Considers arrangements for the production and use of patient transport data in the performance managements arrangements between all local NHS organisations, as appropriate.**



Conclusions and Recommendations

Draft Renal Strategy (2009-2014).

91. As previously outlined, as part of our deliberations in November 2009, we considered the draft Yorkshire and Humber Renal Network Strategy for Renal Services (2009-2014) – which had been distributed to key stakeholders across the region, seeking comments by 31 December 2009.
92. With regard to this consultation period, we believe the timescales to be wholly inappropriate – leaving local overview and scrutiny committees barely six weeks in which to provide a response.
93. To put this view into context, it should be recognised that:
- For most, if not all committees, we believe the draft strategy will have appeared unexpectedly;
 - Most committees are likely to be already working to an agreed work programme and would need an opportunity to consider the merits of rescheduling any planned items;
 - The consultation period includes Christmas – which in reality shortens the consultation period further.
94. Until receiving a copy of the draft strategy we were unaware that this was under development. As of July 2009 we believed that this strategy was already in place and being used to inform the development of local services. We now believe that this was not the case.
95. In August 2009, we asked how overview and scrutiny committees (from across the Yorkshire and Humber region) had been involved in the development of the strategy, but have not been provided with any evidence to suggest any involvement of local overview and scrutiny committees in this regard.
96. Nonetheless, in November 2009 we were advised of SCG's strategy for involving and engaging patients and the public in specialised commissioning, which included the following objective:
- 'Develop an on-going positive relationship with Overview and Scrutiny Committees in Yorkshire & the Humber, both individually and through the Yorkshire & the Humber Health Scrutiny Network.'*
97. While it is clear that the meaningful involvement and engagement with local overview and scrutiny committees has, at best, been limited, we would also question SCG's capacity to provide a consistent and necessary level of support to individual overview and scrutiny committees across the region, during the consultation period.
98. We have not had a detailed discussion about the local implications of the draft strategy, however we would initially offer the following observations:
- There is no reference to this being a new or updated strategy;
 - Information on the approximate number of people living in Yorkshire and the Humber is not consistent with other details presented to us and is 0.3 million lower;
 - The total number of haemodialysis patients presented in Figure 2 and 3 do not correspond;
 - References to the projected increase in demand and the need for significant capital investment do not appear to be consistent with the details presented to us by service commissioners and LTHT.



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- We note that an early task within the draft strategy is to undertake a review of capacity. Again, this does not appear to be consistent with some of the details presented to us by service commissioners and LTHT.
- The proposed work plan included in the draft strategy provides no indication of the significance or priority of various actions. Neither does the work plan provide details of key dates or timescales for the various actions. In order to ensure that the strategy is performance managed and reviewed on an annual basis (as indicated), it is essential that these elements are included.

Recommendation 4

Prior to finalising the draft Yorkshire and Humber Renal Network Strategy for Renal Services (2009-2014), the Yorkshire and the Humber Specialised Commissioning Group review current consultation arrangements and, through dialogue with overview and scrutiny committees across the region, develop an extensive 12-week consultation plan.

Role of the Scrutiny Board

99. For some considerable time, we believe that LTHT's preferred location for renal dialysis has been Seacroft Hospital and that a dialysis unit at LGI is not a 'strategic fit' in terms of other plans across the Trust – in particular those associated with the clinical services reconfiguration (CSR).
100. Since July 2009, we believe service commissioners and LTHT have been seeking evidence to justify the proposal not to re-provide dialysis facilities at LGI and have been actively trying to construct a business case in support of the proposal.
101. We believe there is sufficient evidence to demonstrate that LTHT initially developed the proposal in complete isolation, without reference to other key stakeholders, including service commissioners, the Scrutiny Board and, most importantly, the patients and carers directly affected.
102. Furthermore, we believe that LTHT made no reference to other strategies or frameworks that should inform the development of renal service provision and the proposal was based purely on a financial decision to help achieve equilibrium on the balance sheet.
103. We believe this is, in part, demonstrated by the extraordinary length of time taken to respond to our request for additional information. In our opinion, if the proposal had been evidence based, the additional information would have been readily available and provided in a much shorter timescale. This was clearly not the case.
104. We also believe that much of the evidence presented to us has been subject to bias and manipulation, and has therefore been found wanting in terms of its accuracy and appropriateness. Therefore, we conclude that there is no case in support of the proposal not to re-provide dialysis facilities at LGI.



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105. Furthermore, we have already commented on how, as a Scrutiny Board, at times we believe we have been regarded as an irrelevance and therefore conclude that further work is now needed to repair and strengthen our relationship with local NHS organisations – be they commissioners or providers of locally, regionally or nationally based services.

Recommendation 5

In light of the issues identified and highlighted by this inquiry a review of the locally agreed protocol between the Scrutiny Board (Health) and NHS Bodies in Leeds be undertaken by June 2010.

Foundation Trust Status

106. In November 2009, we also heard about LTHT's proposals and associated processes for achieving Foundation Trust (FT) status.

107. We considered the FT proposals in detail and hope to provide a separate consultation response in due course. However, there are some aspects of the FT proposals and consultation document which, in our view, are very pertinent to the issues and circumstances associated with renal services.

108. The consultation document is entitled 'Your hospitals, Your say' and it is interspersed with references about the benefits of being a Foundation Trust, such as:

- *'greater freedom to develop services'*
- *'more accountable to the local community'*
- *'able to tailor local services to the needs of local people'*

109. The consultation document also details a number of commitments that LTHT would sign up to as a Foundation Trust, including:

- *asking the views of members*
- *tailoring services*
- *supporting patient choice*
- *involving local communities*
- *working more closely with other bodies*
- *strengthening contractual arrangements with other organisations*

110. However, based on our recent experiences and the evidence identified in this statement, we believe that at the present time, these fine words are just that – fine words.

111. We would all support these statements of intent, and agree that greater involvement of local communities in shaping local health services is a positive step forward. Nonetheless, at this moment in time, we do not believe there is sufficient evidence to demonstrate that LTHT have the necessary organisational competencies or track record to deliver such commitments. As such, we have grave reservations in supporting LTHT's application for FT status.

112. LTHT has an annual budget approaching £800 million and we firmly believe that the public of Leeds and the surrounding areas deserve to be reassured about the management and organisation of LTHT – including key business processes. We believe that such reassurance needs to be provided prior to any further devolvement of power and increased autonomy.



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Recommendation 6

That NHS Leeds, NHS Yorkshire and the Humber and the Secretary of State for Health seriously consider the content of this report, its recommendations and any subsequent responses, prior to supporting any current or future Foundation Trust application from Leeds Teaching Hospitals NHS Foundation Trust.

Recommendation 7

That this report be issued to the Secretary of State for Health seeking the appropriate action be taken to secure the immediate implementation of Recommendation 1.



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
FEB. 2006		<p><u>2 Feb. 2006</u></p> <p>Wellcome Wing at LGI</p> <p>The Board was briefed on the main themes of the business case concerning the future of Wellcome Wing. The following points were made:</p> <ul style="list-style-type: none"> • The Wing housed several different services, including the Renal Service. • Its structure dated from the early 1960s and the electrical infrastructure was in need of major remedial work • There were serious concerns about the presence of asbestos in the building. • Refurbishment costs of between £9m and £17m were anticipated. • A timescale of around two years was likely for the necessary work. <p>RESOLVED</p> <p>The Board endorsed the recommendation that Option 6 should be progressed, noting that further business cases would be received in due course for each element of the re-provision of services within Wellcome Wing.</p>	<p><u>13 Feb. 2006</u></p> <p>The Board was advised that LTHT had approved in principle the vacation and closure of the Welcome Wing at the LGI, with all services based there, including renal services, being reconfigured and rehoused elsewhere in the Trust.</p> <p>Members were advised that the Trust believed that the best option for the disposition of renal services was to centralise inpatient beds and acute dialysis on the St James's site and to provide satellite dialysis units on the LGI and Seacroft Hospital sites</p> <p>The Board requested that further information on the proposed transfer be submitted to the March meeting of the Scrutiny Board</p>	<p>Option 6 included:</p> <ul style="list-style-type: none"> • Ward 32 (inpatients) would be reprovided into Lincoln Wing at St James adjacent to the current renal wards. (Capital cost £1.745m for the new ward.) • 18 dialysis stations would be created at Seacroft hospital with all supporting facilities. (Capital cost £1.697m for the Seacroft dialysis station.) • <u>A 10 dialysis station unit would be created at LGI.</u> (Capital cost £0.5m for the 10 station dialysis unit at LGI.) • Outpatient facilities at LGI would remain as would vascular access and on site renal support to LGI patients.



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
MAR. 2006			<p><u>13 Mar. 2006</u></p> <p>Proposals on the Reconfiguration of Renal Services in Leeds</p> <p>The Board received an outlined of the proposals to reconfigure Renal Services in Leeds. It was reported to the Board that the proposals to close the Wellcome Wing at the LGI would include an expanded satellite service, which would be delivered from Seacroft Hospital, <i>in addition to a new 10 bed unit at the LGI for patients with chronic renal failure.</i></p> <p>RESOLVED</p> <p>(i) That the Chair writes to the Chief Executive of Leeds Teaching Hospitals NHS Trust to convey the views of the Board and recommend that further consultation is carried out with patients on the reconfiguration proposals in an open and transparent manner.</p> <p>(ii) That the Trust is asked to provide a written response to the Board's recommendation prior to the Board's meeting in April 2006.</p>	<p>The Board heard from a range of stakeholders, including:</p> <ul style="list-style-type: none"> • Leeds Teaching Hospitals NHS Trust • The LGI Kidney Patients Association's • UNISON reps. from LTHT • RCN reps. <p>Members raised concerns that patients had not been reassured at any time throughout the process, and acknowledged that although consultation had occurred in 2000, on the whole the consultation process had been unsatisfactory.</p>



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
APR. 2006		<p><u>6 Apr. 2006</u></p> <p>Matter arising: Wellcome Wing</p> <p>The Board was informed that the Council's Scrutiny Board had recommended a period of public consultation with regard to the Trust's proposals to relocate Wellcome Wing.</p> <p>It was explained that the PCTs would lead this process. The Board accepted the Scrutiny Board's recommendation.</p>	<p><u>10 Apr. 2006</u></p> <p>Matters arising</p> <p>It was reported that a formal response had been received from LTHT in relation to the Board's recommendation for further consultation and it was confirmed this had been approved at the Trust Board meeting held on 6th April 2006.</p> <p><u>Members were assured that the Board would be informed of any developments as they occurred.</u></p>	
JUN. 2006		<p><u>1 Jun. 2006</u></p> <p>Wellcome Wing Contingency Plan</p> <p>The Board received an update on the Wellcome Wing Contingency Plan.</p> <p>The Board was briefed on the need for urgency and the action being taken to communicate with external stakeholders and to identify temporary accommodation for the services that would need to move.</p> <p>It was agreed that any urgent action that became necessary would be pursued by way of Chairman's Action as opposed to extra-ordinary Board meetings.</p>	<p><u>19 Jun. 2006</u></p> <p>Presentation from Local Primary Care Trusts and Acute Trusts</p> <p>Under a general item, it was reported that consultation on the reconfiguration of renal services had commenced and would be completed in August 2006.</p> <p>The Board agreed to continue to keep a watching brief on this matter.</p>	



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
JUL. 2006		<p><u>6 Jul. 2006</u></p> <p>Wellcome Wing Exit Programme</p> <p>The Board noted the progress towards vacating Wellcome Wing by the end of October 2006.</p> <p>The Board was reminded that the arrangements were temporary and could need to change as a result of the consultation process currently in progress.</p>		
AUG. 2006		<p><u>3 Aug. 2006</u></p> <p>Interim Re-provision of Renal Services from Wellcome Wing</p> <p>The Board was presented with an interim solution for the reprovision of renal services, which highlighted the need for urgency as part of the process of vacating Wellcome Wing.</p> <p>The Board was advised that the consultation process concerning the future of renal services continued and was unaffected by the proposal.</p> <p>The business case received the Board's approval.</p>		



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
SEP. 2006			<p><u>18 Sep. 2006</u></p> <p>Consultation Update: Reconfiguration of Renal Services in Leeds</p> <p>The Board received a verbal update on the consultation process from LTHT and advised that the analysis was due to be submitted to the LTHT Board in October 2006. Members urged the Trust to maximise transportation links for patients and requested further details about the re-provision of renal services and the evaluation of the consultation process as soon as was practicable.</p> <p>RESOLVED –</p> <ul style="list-style-type: none"> (i) That the information detailed within the report be noted; (ii) That the Airedale consultation document be circulated to Members for their information; (iii) That an update on the information relating to the re-provision of renal services in Leeds in addition to the evaluation of the results from the consultation process be circulated to the Board as soon as is practicable; (iv) That a letter on behalf of the Board be forwarded to the Chief Executive of Leeds Teaching Hospitals NHS Trust which outlines the Board's comments about need to maximise transportation links for patients. 	<p>At the Scrutiny Board meeting, the LGI Kidney Patients Association, raised concerns over the way in which the whole consultation process had been conducted.</p>



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
OCT. 2006		<p><u>5 Oct. 2006</u></p> <p>Update on Wellcome Wing Exit Programme</p> <p>The Board was reminded of the exit programme and contingency plans associated with the closure of Wellcome Wing.</p> <p><u>It was confirmed that the Trust would be able to re-provide all of the services previously housed there.</u></p> <p>Renal Services Consultation</p> <p>The Board received the summarised outcome of the formal consultation, however a formal recommendation was awaited from the newly-formed Leeds PCT, which had now assumed responsibility for the process</p> <p>The Board accepted the outcome of the consultation process and, subject to the PCT's recommendation, confirmed its support for the proposals being taken forward as set out in the consultation document.</p> <p>The Board also agreed that the Trust should pursue the concerns raised during the consultation process.</p>	<p><u>23 Oct. 2006</u></p> <p>Reconfiguration of Renal Services in Leeds</p> <p>The Board received the Consultation Analysis document presented to the LTHT Board on 5 October 2006.</p> <p>RESOLVED –</p> <p>(i) That the report be noted.</p> <p>(ii) That further consideration be given to the Reconfiguration of Renal Services in Leeds following consideration of the consultation analysis by the Leeds Primary Care Trust.</p>	<p>PROPOSALS (as presented in the consultation document)</p> <ul style="list-style-type: none"> • Create a new haemodialysis unit at Seacroft Hospital • Centralise the renal inpatient bed base at St James's • Centralise the peritoneal service at St James's • <u>Create a 10 station dialysis unit at LGI as the local facility for dialysis patients in the West and Northwest of the city and for inpatients at the LGI suffering acute renal failure.</u> <p>The written consultation process received 297 responses. The analysis of responses showed:</p> <ul style="list-style-type: none"> • 53% (156) supported the proposal • 21% (61) opposed the proposal • 26% (80) were neutral



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
NOV. 2006	<p><u>16 Nov. 2006</u></p> <p>Renal Services Consultation</p> <p>The Board received the summarised outcome of the formal consultation and resolved to:</p> <ul style="list-style-type: none"> (i) Note the findings of the consultation analysis; (ii) Support the Trust in working with partner organisations to address the specific concerns raised in the consultation; (iii) Strongly recommend that LTHT pursue a solution for dialysis patients from the west of the city in the short term and have discussions on a satellite unit at WGH; (iv) Consider pursuing alternative provision should an acceptable resolution not be reached to recommendation (iii) above. 		<p><u>20 Nov. 2006</u></p> <p>Matters arising</p> <p>It was reported that a further report on the Reconfiguration of Renal Services in Leeds at the December Board meeting.</p>	<p>There was broad agreement between LTHT and Leeds PCT on the substantive issues arising from consultation and about the way forward. A number of key issues were identified and both organisations met to agree the next steps in key areas. These are set out in the attached document.</p>



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
DEC. 2006			<p><u>18 Dec. 2006</u></p> <p>Reconfiguration of Renal Services in Leeds</p> <p>The Board considered a joint report from Leeds PCT and Leeds Teaching Hospitals NHS Trust (LTHT) following the renal services consultation.</p> <p>Issues discussed included:</p> <ul style="list-style-type: none"> • Timescales associated with the provision of a 10-bed unit at the LGI for patients with chronic renal failure. • Using Wharfedale Hospital to provide a satellite unit to serve those in the North West of the City. • Transport issues. <p>RESOLVED –</p> <p>a) That the report be noted.</p> <p>b) That a further report be brought to the Board which specifically addressed the transport issues raised by renal patients.</p>	<p>At the Scrutiny Board meeting, the LGI Kidney Patients Association expressed concern regarding the consultation process and felt that it was flawed. Amongst concerns raised was that the consultation literature was not translated for ethnic groups which will have resulted in a lack of responses. It was also felt that the consultation process should have been carried out by an independent body rather than the PCT as the commissioning body. Further issues of concern included transport provision, access to Seacroft Hospital and the affect on the quality of life for patients.</p>



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
JAN. 2007			<p><u>22 Jan. 2007</u></p> <p>Reconfiguration of Renal Services in Leeds - Patient Transport Issues</p> <p>The Board considered current transport provision, alongside additional information on the tendering process for transport.</p> <p>RESOLVED</p> <p>a) That the report be noted. b) That the Board receives a further report in March 2007 on the wider issues relating to the reconfiguration of renal services in Leeds.</p>	<p>It was reported that the tendering exercise was currently being evaluated and the results could be made available to the Board in due course.</p> <p>Following the last meeting of the Board where it was suggested that a member of the Kidney Patients Association participate in the tendering process, it was reported that this had happened successfully</p>
APR. 2007			<p><u>23 Apr. 2007</u></p> <p>Provision of Renal Services in Leeds</p> <p>The Board was informed that that only one viable bid had been received for the transport tender, however it was anticipated that the new arrangements would include a number of measures to strengthen transport provision, including stricter penalties and the provision of a dedicated transport contact desk within the Yorkshire Ambulance Service.</p> <p>RESOLVED</p> <p>That the report be noted</p>	<p>The Board was advised that proposals for the establishment of a permanent facility at Seacroft Hospital and <u>a 10 station satellite unit at Leeds General Infirmary (LGI)</u> were to be considered by the LTHT Management Board. Planned dates for completion of the new facilities were Autumn 2008 for Seacroft and <u>June/July 2008 for LGI.</u></p>



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
NOV. 2007		<p><u>29 Nov. 2007</u></p> <p>Business Case for creating a permanent renal haemodialysis unit at Seacroft Hospital</p> <p>Business Case for creating a renal haemodialysis unit at Leeds General Infirmary</p> <p>The LTHT Board considered the two business cases in consequence of the closure of Wellcome Wing.</p> <p>The Board was reminded that both units had been agreed as part of the Wellcome Wing emergency closure process and <i>honoured commitments made to the KPA at an earlier Board meeting.</i></p> <p>The Board was advised that the precise location of the Unit had been discussed with the KPA and other users and Ward 46 was their preferred location.</p> <p><u>Both business cases received the Board's support.</u></p>		<p><u>14 Nov. 2007</u></p> <p>Letter from the Chair of the Scrutiny Board to LTHT <i>seeking clarification on timescales and location of the 10 station unit at LGI</i> and concerns raised by the KPA.</p> <p><u>29 Nov. 2007</u></p> <p>It was reported to the LTHT Board that £3M had been allocated in the capital programme across 07/08 and 08/09 for renal dialysis schemes and that the LGI scheme:</p> <ul style="list-style-type: none"> • Fits the overall direction of the Trust in demonstrating its responsiveness to patient demand for an accessible dialysis service on the LGI site; • Was estimated to cost £1.7m but would not incur additional revenue expenditure; • Would deliver dialysis to inpatients at the LGI with acute renal failure and chronic renal patients receiving inpatient care in another specialty at the LGI.



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
MAR. 2008			<p><u>17 Mar. 2008</u></p> <p>Matters arising</p> <p>The Board considered an update on the long-term plans for Renal Services in Leeds. This included plans to provide <u>a 10 station satellite unit at Leeds General Infirmary (LGI).</u> It was reported that:</p> <ul style="list-style-type: none"> • The new unit was planned to be sited in Ward 46 • Works would go out for tender on 25 April 2008 • It was expected that LTHT Board would agree the approved contractor on 26 June 2008, with a start on site date of 14 July 2008. • The works were anticipated to be completed on 12 December 2008, with commissioning taking place between December 2008 and January 2009. <p>RESOLVED</p> <p>a) That the report be noted.</p> <p>b) That WYMAS be contacted and requested to supply the Board with information regarding the transport of patients accessing Renal Services.</p>	<p>The KPA advised the Scrutiny Board that they still had some concerns, including:</p> <ul style="list-style-type: none"> • Facilities at Seacroft Hospital breaking down. • Demand for services at St James and the ability to meet this demand. • Transport – although the KPA had been actively involved in the tendering process, only one suitable bid had been received. Problems had been encountered with the transport of patients and examples of patients not being collected for treatment and the adverse knock on effects were given. • <u>The timescale to implement new provision at Leeds General Infirmary</u>



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
JUN. 2008			<p>Work Programme</p> <p>As part of the new Board's discussions around its work programme, Members were advised that the Scrutiny Board received regular reports regarding the long term plans for renal services in Leeds.</p> <p>Following a monitoring session held on 17 March 2008, it was highlighted that the Leeds Kidney Patients Associations (LGI and SJUH) had concerns regarding the transport provided by Yorkshire Ambulance Service (YAS) under contract to LTHT.</p> <p>RESOLVED</p> <p>a) To include renal services (particularly around transport) as part of the Board's work programme.</p>	LTHT, YAS and KPA invited to attend the Board in September 2008 to update Members, particularly in terms of any on-going renal transport issues.
JUL. 2008		<p>Award of Contract - Renal Dialysis Unit at the Leeds General Infirmary</p> <p>Considered as part of the non-public part of the agenda. (No public minutes available)</p>		



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
SEP. 2008			<p><u>16 Sep. 2008</u></p> <p>Renal Services</p> <p>The Board heard from NHS Leeds, LTHT, YAS and the KPA.</p> <p>The main issues centred around the operation of the renal services transport contract between LTHT and YAS.</p> <p>The KPA provided examples of problems experienced transporting patients to and from appointments, including late and missed collections of patients and patients having to travel on long unnecessary journeys whilst other patients were collected. The Board was reminded that during discussion around the reconfiguration of Renal services, the KPA had highlighted a number of areas of concern, particularly in terms of transport arrangements.</p> <p>RESOLVED</p> <p>That the report and information presented be noted.</p> <p>That a further report be presented to the Board, to include greater detail on current performance and trends in performance, particularly in the areas discussed at the meeting.</p>	<p>Following closure of Wellcome Wing, the report presented to the Board confirmed the following service changes:</p> <ul style="list-style-type: none"> • February 2008: Inpatient ward moved to ward 62 in Lincoln Wing at St James's in. • May 2008: Work started on 24-station unit at Seacroft Hospital. Completion: Jan. 2009. • Work due to start shortly at LGI to create a 10-station chronic unit, with 2 acute beds. Completion: Spring 2009. <p>LTHT and NHS Leeds stated their intention to continue to work in partnership with both the YAS and the Kidney Patients Association (KPA) in an attempt to resolve areas of concern.</p>



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
OCT. 2008		<p><u>23 Oct. 2008</u></p> <p>Briefing note on renal dialysis services at LTHT issued to the Chair of the Scrutiny Board</p> <ul style="list-style-type: none"> • Confirmed the new renal dialysis satellite unit would open on Ward 44 in December 2009. • Described the delay as a result of the Children's Hospital Services Reconfiguration. • Confirmed the unit will meet the commitment made by the Trust to re-provide renal dialysis facilities at LGI • Outlined that a new 6-station (previously stated as a 10-station) unit, costing over £1m would provide services for patients who prefer to dialyse in the City Centre. 	<p><u>21 Oct. 2008</u></p> <p>Renal Services – Transport Update</p> <p>The Board considered a report from YAS, which detailed statistical information in relation to transport provision. This also included benchmarking information against the Cheshire and Merseyside Action Learning Set.</p> <p>The Board was also informed of 3 main areas highlighted at the recent meeting between the YAS, LTHT and KPA which focussed on planning concerns, communication issues and how to reduce complaints. Reasons for missed appointments were also highlighted.</p> <p>RESOLVED</p> <p>That the report be noted and the Board be kept updated on the position regarding Renal Services transport.</p>	<p>At the Scrutiny Board meeting the KPA informed Members of outstanding concerns which included:</p> <ul style="list-style-type: none"> • Responses to complaints; • Times involved in transporting patients; and, • The future provision of services at Leeds General Infirmary



MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
FEB. 2009	<p><u>6 Feb. 2009</u></p> <p>Renal Services update report presented to the Trust Board. The report stated:</p> <ul style="list-style-type: none"> • No formal targets for delivery of renal services – but standards and markers for good practice. • Sufficient capacity within the city to provide dialysis to all patients who require it. • <u>The longer term agreed plan was to:</u> <ul style="list-style-type: none"> ○ <u>Provide 18 stations at Seacroft</u> ○ <u>Relocate 10 stations at LGI (due to open in Dec. 2009)</u> • Main, continuing issue for patients revolves around transport availability and response to individual needs. 		<p><u>6 Feb. 2009</u></p> <p>Letters to LTHT and YAS on behalf of the Scrutiny Board regarding the concerns of the Scrutiny Board regarding the ongoing problems associated with renal patient transport – particularly in relation to a '<i>number of quite severe difficulties</i>' over the Christmas period, highlighted by the KPA.</p> <p><u>26 Feb. 2009</u></p> <p>Response from LTHT (to letter dated 6 February 2009) and advised the following:</p> <ul style="list-style-type: none"> • Every effort being made to improve the renal patient experience in respect of transport and a Renal Patient Transport Steering Group had recently been established • Over the Christmas period, Renal Units closed on different days of the week and inconsistent information was given YAS. • For future Christmas periods, there will be a standard approach from all the Renal Units over communications with YAS • Other work being undertaken around: <ul style="list-style-type: none"> ○ Patient journey experience ○ Patient transport – eligibility criteria ○ Patient awareness, including patient responsibilities around transport ○ Communication to improve aborted inward journeys 	<p>In January 2009, the KPA highlighted concern over ongoing renal patient transport difficulties, with particular with specific reference to problems over the recent Christmas period.</p> <p>Concern was also expressed regarding the delay to and the long-term plans for the LGI renal unit.</p> <p><u>6 Feb. 2009</u></p> <p>Letter sent to KPA advising of the approach to seek information from LTHT and YAS.</p>



Appendix 1

TIMELINE SUMMARY

MONTH	ACTIVITY:			NOTES
	NHS LEEDS	LEEDS TEACHING HOSP. TRUST	SCRUTINY BOARD (HEALTH)	
MAR. 2009			<p><u>10 Mar. 2009</u></p> <p>Response from YAS (to letter dated 6 February 2009) providing details of the service review undertaken (covering the Christmas period). YAS recognised that some patients experienced a disrupted service with their transport over the Christmas holiday period. Some of the outcomes of the review included:</p> <ul style="list-style-type: none"> • No Patient failed to be transported as a result of YAS failings. • 54 patients (w/c 22/12/08) and 29 patients (w/c 29/12/08) experienced delays as a result of transport: • 27 patients had to reduce dialysis (as confirmed by LTHT) <p>There were 100 'abortive' journeys over the period</p>	
JUL. 2009		<p><u>30 Jul. 2009</u></p> <p>Report to Trust Board proposing not to proceed with the previously agreed dialysis unit at LGI.</p>	<p><u>28 Jul. 2009</u></p> <p>Consideration of current proposals regarding delivery of renal services at LGI</p> <p>Update on provision of renal patient transport</p>	



Position Statement: Proposed Renal Services Provision at Leeds

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).
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

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 outlined 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.
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)



Position Statement: Proposed Renal Services Provision at Leeds

- 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, Annex 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



Position Statement: Proposed Renal Services Provision at Leeds

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 LGI⁴, 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 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

⁴ As set out in the LTHT Board report (30 July 2009)



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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.



Appendix 2

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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)

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
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				Category 4 Formal consultation required (minimum twelve weeks) (RED)
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			Category 3 Formal mechanisms established to ensure that patients/service users/ carers and the <u>public</u> are engaged in planning and decision making (ORANGE)	Information & evidence base
Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries		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)	Information & evidence base	
Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours	Category 1 Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions (GREEN)	Information & evidence base		

OSC involved

OSC may be involved

Scrutiny Board (Health)
Renal Services in Leeds
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