

SCRUTINY STATEMENT: RENAL SERVICES IN LEEDS (DECEMBER 2009)				
	Recommendation	Response	Stage	Complete
1	<p>Leeds Teaching Hospitals NHS Trust:</p> <p>(a) Immediately re-affirms its commitment to re-provide dialysis facilities at Leeds General Infirmary; and,</p> <p>(b) Finalise plans for replacement dialysis facilities at Leeds General Infirmary and deliver these as soon as practicable, but no later than December 2010.</p>	<p><u>LTHT response</u></p> <p>The regional Specialist Commissioning Group (SCG) is currently modelling demand and the provision of services as part of its work on an overarching strategy for renal services. This work is expected to be available by the end of January 2010.</p> <p>As the Trust and commissioners are awaiting the outcome of the modelling work we believe it is proper to consider the information provided through that exercise prior to making any final decision about the future provision of dialysis stations in Leeds. Further consideration of this by the Trust Board is therefore necessarily deferred until such time as a proper response to the outcome of the strategy debate is possible.</p> <p>The Trust regrets further delay to a decision about a satellite unit at LGI but we will keep Scrutiny and interested parties advised as the situation develops.</p> <p><u>SCG comment</u></p> <p>The West Yorkshire Commissioners in conjunction with the Yorkshire and the Humber Renal Network are currently reviewing <u>all</u> dialysis provision in West Yorkshire to re-affirm the short, medium and long term requirements.</p> <p>The review will be conducted in the context of:-</p> <ul style="list-style-type: none"> • The Y&H Renal Services strategy • A severely constrained financial environment • No available NHS capital to fund new facilities <p>Consideration will also need to be given to the workforce implications of any proposals and the patient transport implications.</p> <p>The work currently in progress, reviewing dialysis provision in West Yorkshire, is based on “need”. The service plans are being developed and implemented using the most up to date information in respect of current and predicted numbers of patients, best clinical practice, availability of workforce, and availability of funding – both revenue and capital. However the plans will need to be realistic and deliverable. The limited availability of NHS capital funding is posing a significant challenge to taking forward a number of service plans including the renal services plans.</p>		

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1		<p><u>SCG comment (continued)</u></p> <p>There is an urgent need to resolve a number of short to medium term requirements as there will be a sequence of events over the next year which will impact on the services provided by the Leeds renal centre including:-</p> <ul style="list-style-type: none"> (a) Need to move the dialysis unit off the St Lukes Hospital site in Huddersfield by December 2010 (b) Need to move the dialysis unit off the Clayton Hospital site in Wakefield (c) Need to open the new dialysis unit in Pontefract (d) Need to replace the water treatment plant on the St James Hospital site <p><u>NHS Leeds comment</u></p> <p>The final outcome of the decision regarding whether or not to re-provide RRT at the LGI site has not yet been discussed at Leeds Teaching Hospitals NHS Trust Board or communicated formally to either SCG or NHS Leeds.</p> <p>NHS Leeds is committed to working with SCG, Leeds Teaching Hospitals NHS Trust, patient groups and the Leeds Overview and Scrutiny Committee (OCS) to arrive at a way forward regarding what is the most clinically and cost effective service for the dialysis population of Leeds. The NHS is facing a difficult financial future and this will also need to be considered as part of any evaluation.</p> <p>NHS Leeds fully accept that patients and scrutiny members have raised legitimate concerns and we are working with SCG and Leeds Teaching Hospitals NHS Trust to agree how these issues can be resolved in the interests of both patients and the public. In response to the concerns raised by the Kidney Patient Association (KPA) we are undertaking the following: -</p> <ul style="list-style-type: none"> 1. A clinical review of care at the Seacroft renal dialysis unit. 2. A review of data and issues raised by the KPA and other patients on the travelling times for patients to the Seacroft site. This information will be seriously considered by NHS Leeds in determining our response to any future plans for the unit. 		

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2	<p>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.</p>	<p><u>SCG response</u></p> <p>The SCG is in the process of developing its commissioning strategy for the next 3-5 years and the work programme for the next year. The SCG's Deputy Director of Commissioning is already in discussion with scrutiny officers across Yorkshire and the Humber about engagement and involvement of OSCs in specialised commissioning. It is understood that this is one of the items on the agenda for a meeting of OSC Chairs and officers taking place on 17 March 2010.</p> <p><u>NHS Leeds comment</u></p> <p>As the SCG, in some instances, acts on behalf of NHS Leeds, we would welcome any proposals to incorporate SCG activity within the work programme of Health Overview and Scrutiny Committees across the region.</p> <p><u>LTHT comment</u></p> <p>We understand the Director of the Specialist Commissioning Group has already written to the Scrutiny Board about working with Scrutiny Committees in the region to ensure an appropriate dialogue about the SCGs work programme and priorities. We look forward to working closely with the SCG and Scrutiny Board to ensure service provision meets demand and that high quality services are widely available.</p>		

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3	<p>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:</p> <p>(a) Focuses on the lessons learned and areas for improvement, which presents an appropriate action plan;</p> <p>(b) Reviews the financial planning processes and financial management arrangements of Leeds Teaching Hospitals NHS Trust;</p> <p>(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;</p> <p>(d) Considers any manipulation of key information (e.g. patient survey information) which has been presented as justification for the proposals;</p> <p>(e) Considers arrangements for the production and use of patient transport data in the performance managements arrangements between all local NHS organisations, as appropriate.</p>	<p><u>Secretary of State response</u></p> <p>Reconfiguration of services is a matter for the local NHS in conjunction with relevant stakeholders. It is not appropriate for ministers of the Department [of Health] to intervene in what are local decision-making processes.</p> <p>NHS Yorkshire and the Humber have provided assurance that, in order to address the concerns, full responses from appropriate NHS organisations will be provided and that on-going communications will be effectively managed.</p> <p><u>NHS Yorkshire and the Humber response</u></p> <p>NHS Yorkshire and the Humber acknowledges the concerns raised by the Scrutiny Board and, in conjunction with SCG, NHS Leeds and LTHT, we will establish a way forward regarding the most clinically and cost effective service for the dialysis population of Leeds, recognising the sub-regional context in which this decision needs to be made. This work will take account of the Scrutiny Board's comments and observations.</p> <p><u>LTHT comment</u></p> <p>The Trust Board stands by its decision to review the original decision and believes the processes and information leading to the current situation are a matter of public record and that the issues are already well understood. We do not believe any information has been manipulated during the process. We unintentionally surveyed a larger number of people than we meant to when seeking patients' views about their preferred location for dialysis, but the findings we reported represented the outcome of the survey. They were in no way manipulated. We note the recommendation for the Secretary of State.</p>		

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4	<p>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.</p>	<p><u>SCG response</u></p> <p>Prior to the establishment of the Yorkshire and Humber wide renal network there were two networks in place – one covering the north of the patch, the other covering South Yorkshire, North Derbyshire and Bassetlaw. Both of these networks need strategies and delivery plans for renal services in their areas. The new Yorkshire and Humber wide renal strategy draws together and builds on the two previous strategies to establish a single strategy for the whole region. Work is continuing on developing the revised Renal Services Strategy covering the next 4 to 5 years. An early draft of the strategy was circulated in mid November with comments from all stakeholders, including all OSCs, to be received by the end of December.</p> <p>A further version of the strategy, incorporating the comments received and more detail about the work plan will be produced by the end of February, At this point there will also be a plan on further engagement with stakeholders including patients, public and OSCs.</p> <p>In addition to patient representation on all three renal local implementation groups, the Renal Network Manager is already putting in place meetings with the Kidney Patient Association groups and the North Region National Kidney Federation Advocacy Officer to enable active engagement in all these processes. We are, in conjunction with the Regional Advocacy Officer, also planning a meeting involving the KPA and senior commissioners in February/March to ensure all parties are briefed about all the issues and able to contribute to the discussions.</p> <p>The SCG approved the latest version of the Renal Strategy on 26 February 2010. It will be ratified by the PCT boards before circulation to all stakeholders.</p> <p>The SCG agreed that as the Strategy does not contain any proposals for substantial development, variation in provision of services or operation of services, that it would not require a further formal consultation. However, any changes arising as a result of the strategy will be consulted on.</p>		

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4		<p><u>NHS Leeds comment</u></p> <p>The commissioning of Renal Replacement Therapy (RRT) is the responsibility of Yorkshire and the Humber Specialised Commissioning Group (SCG) who act on our behalf. The SCG are currently reviewing provision in West Yorkshire and met on the 11 January 2010 to try and resolve both short term and medium term issues across the whole of West Yorkshire. There is a clear intention by the SCG to finalise a report by the end of February 2010.</p> <p><u>LTHT comment</u></p> <p>We support the principle of consultation and engagement involving all stakeholders affected by the renal strategy. That is why we believe it appropriate to await the publication of the strategy, which is the result of a consultative process, to determine the appropriate next steps.</p>		
5	<p>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.</p>	<p><u>Leeds City Council response</u></p> <p>In June 2009, the Scrutiny Board (Health) agreed a revised protocol that set out the principles and operation of health scrutiny in Leeds. This is in the process of being reviewed by officers and will be presented to the Scrutiny Board for approval in due course. It is proposed that the protocol will be kept under review by the Scrutiny Board and considered on an annual basis.</p> <p><u>NHS Leeds comment</u></p> <p>NHS Leeds welcomes any opportunity to further improve and develop the working relationship between local NHS bodies and the Scrutiny Board.</p> <p><u>LTHT comment</u></p> <p>We welcome the opportunity of reviewing the locally agreed protocol to ensure that our working arrangements support the wider objective to ensure patients are well served by the NHS and that our decisions and the services we provide are the subject of proper scrutiny.</p>		

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6	<p>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.</p>	<p><u>Secretary of State response</u> See response to Recommendation 3.</p> <p><u>NHS Yorkshire and the Humber response</u> NHS Yorkshire and the Humber will take into account all relevant information, including those issues highlighted in the Scrutiny Board's report, when considering any future Foundation Trust application from LTHT.</p> <p><u>NHS Leeds response</u> NHS Leeds recognises the significant issues and concerns raised by the Scrutiny Board. We will continue to work with SCG and Leeds Teaching Hospitals NHS Trust to agree how these issues can be resolved in the interests of both patients and the public. NHS Leeds will consider all relevant information, including those issues highlighted in the Scrutiny Board's report, when considering any future Foundation Trust application from LTHT.</p> <p><u>LTHT comment</u> We expect our partners to take into account all relevant factors and issues in coming to any decision about their support for our application for Foundation Trust status. We expect that their decisions will reflect specific issues but equally we would expect that they will be seen in the context of the huge range of excellent services we provide. As a Trust we would intend to use Foundation Trust status and the constitutional arrangements that support it as a way of strengthening the engagement and consultation we currently undertake about our services.</p>		

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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.	<p><u>Secretary of State response</u> See response to Recommendation 3.</p> <p><u>NHS Yorkshire and the Humber response</u> See response to Recommendation 3.</p> <p>A decision regarding whether or not to re-provide kidney dialysis facilities at the LGI site is still to be concluded. NHS Yorkshire and the Humber will continue to work with all local NHS bodies to ensure that any future decision in this regard has a clear and robust rationale and takes into account the regional context in which these services are provided.</p> <p><u>LTHT comment</u> The Trust notes the recommendation for the Secretary of State for Health.</p>		