

TRUST BOARD

20th May 2010

Public section paper

Report of	Maggie Boyle, Chief Executive
Paper prepared by	Ross Langford, Head of Communications & Philip Norman, Divisional General Manager
Subject/Title	Renal Haemodialysis Service
Background papers	<p>A number of Trust Board papers between 2006 and 2010 concerning the closure of Wellcome Wing, public consultation about renal services and recent papers concerning capital budget</p> <p>Scrutiny Board (Health) Statement on Renal Services in Leeds (December 2009)</p> <p>Trust response to Scrutiny Board (Health) Statement on Renal Services in Leeds (February 2010)</p> <p>Yorkshire and the Humber Renal Network Strategy for Renal Services 2009-2010 (February 2010)</p>
Purpose of Paper	To advise the Trust Board of a proposal not to proceed with the development of a renal haemodialysis satellite unit at Leeds General Infirmary
Action/Decision required	The Trust Board is asked to support the recommendation not to proceed with the development of a renal haemodialysis satellite unit at Leeds General Infirmary
Link to: ➤ NHS strategies and policy	<ul style="list-style-type: none"> • High Quality Care for All • Yorkshire and the Humber Renal Network Strategy for Renal Services 2009-2010
Link to: ➤ Trust's Strategic Direction ➤ Corporate objectives	<ul style="list-style-type: none"> • Achieving excellent clinical outcomes • Improving the way we manage our business
Resource impact	If the recommendation is not supported there would be a £1.4m capital spend consequence which is not currently prioritised in the capital programme
Consideration of legal issues	None
Acronyms and abbreviations	Full titles used on first reference

THE LEEDS TEACHING HOSPITALS NHS TRUST

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RENAL HAEMODIALYSIS SERVICE

1. PURPOSE

This paper sets out a number of key issues for Board members to help inform their decision as to whether to proceed with the development of a Satellite haemodialysis unit at Leeds General Infirmary (LGI) or not.

2. BACKGROUND

Haemodialysis is a treatment for kidney failure. The patient's blood is pumped through special tubing to a haemodialysis machine. The machine acts like a kidney, filtering waste products from the blood before returning it to the patient. Patients may experience acute renal injury or chronic kidney disease.

Acute kidney injury (AKI), also known as acute renal failure is a sudden and usually temporary loss of kidney function. In this condition, acute inpatient therapy is required and the patient receives haemodialysis within an acute hospital setting until kidney function returns.

Chronic kidney disease (CKD), also known as chronic renal disease, is a progressive loss of renal function over a period of months or years often resulting in end-stage renal disease. Life long haemodialysis or a kidney transplant (where clinically appropriate) is required to maintain life.

For patients with chronic kidney disease, haemodialysis treatment can be provided in their own homes (where clinically appropriate) or from a hospital or community based haemodialysis unit. When provided from hospital the units will generally be termed as either a 'main unit' or 'satellite unit'. A main unit would be based on a hospital site with medical staff cover. Main units provide dialysis for inpatients, patients with acute kidney injury and those patients with chronic kidney disease who are considered not well enough to be treated in a satellite unit. A satellite unit is a nurse led unit and does not usually have, or require, on site medical staff. These units may be connected to an acute hospital service or be based in community settings.

Prior to February 2006 renal dialysis facilities in the city were provided from both St James's University Hospital and the LGI as well as at Seacroft Hospital and a number of sites across West Yorkshire. In February 2006 the Trust Board agreed that Wellcome Wing at LGI (which housed the LGI haemodialysis unit) should be closed as a matter of urgency due to the poor electrical condition of the building. A plan was agreed which transferred all clinical and non clinical services from the Wellcome Wing to other parts of the Trust. Wellcome Wing closed in October 2006.

Following the closure of Wellcome Wing an additional renal haemodialysis satellite unit was established at Seacroft Hospital.

As part of the consultation about the closure of Wellcome Wing a strong opinion was expressed by the LGI Kidney Patients Association (KPA) that they would like a satellite unit to be reprovided at LGI. This was mainly (but not exclusively) connected to ease of access. As a consequence of this representation the Trust agreed to reprovide a haemodialysis satellite unit at the LGI. This decision was made in recognition of the strength of feeling from some renal patients and in recognition of the preference expressed by the LGI KPA for that location rather than a specific clinical need. The agreement to provide a dialysis unit at LGI was further confirmed, in good faith, in October 2008.

In 2009, during work to establish the LGI renal haemodialysis satellite unit, it became clear that much had changed since 2006. This included the national economic situation, a new regional strategy for renal services led by the Yorkshire and the Humber Specialised Commissioning Group which included a demand and capacity model and the constraints on the Trusts scope for capital investment.

Particularly against the background of limited availability of capital monies and the need to prioritise capital bids, a number of schemes were reviewed and not supported as part of this years capital programme. As part of that exercise the Senior Management Team concluded that it did not seem sensible to proceed with the provision of a renal haemodialysis satellite unit at LGI. Such a unit would cost in the region of £1.4m.

3. CURRENT POSITION

It is the view of the clinical and managerial team within the Renal Service that there is no clinical requirement for a haemodialysis satellite facility at LGI. Access to haemodialysis services exists within Leeds (at St James's University Hospital, Seacroft Hospital and Beeston, South Leeds) and within a further 4 satellite units across West Yorkshire (Dewsbury, Halifax, Huddersfield and Wakefield).

In considering the re-prioritisation of capital investment during 2009 the Senior Management Team also established a view that it did not feel additional capacity for dialysis was required within Leeds and recommended to Trust Board in July 2009 that the dialysis unit at LGI should not be re-provided. The Trust was contacted by a representative of the LGI KPA who expressed concern that the Trust was reneging on a previous commitment that had been made and not taking account of the adverse impact this decision would have on some patients who were dialysing at Seacroft and who had continued to express a preference to have a unit at LGI.

The matter was also raised with the Scrutiny Committee (Health) who wrote to the Trust on a number of occasions in the subsequent months raising a number of issues – many of which overlapped with the issues raised by the LGI KPA representative.

During the period following the July 2009 Board meeting the Specialised Commissioning Group as part of their development of a Strategy for Renal Services confirmed they would be undertaking a capacity and demand modelling which would help to determine whether there was a need for more dialysis provision in Leeds. It was agreed that it would be sensible for the Trust to await the outcome of this work before making a final decision about the need, or otherwise, for a satellite unit at LGI.

This modelling work is now complete and whilst it shows there is increased prevalence of kidney disease across the Region and a shortage of dialysis facilities in Wakefield and Huddersfield, it confirms that there is **no** requirement for additional capacity for haemodialysis in Leeds.

The renal strategy also aims to further increase the provision of home based therapies for patients, for example home haemodialysis. The Yorkshire & Humber Renal Network has recently appointed a clinical lead to drive forward the development of home based therapies. This will further increase the choice options for patients in the future.

The headlines from the modelling include:-

- Demand for haemodialysis is predicted to grow over the next 10 years.
- This increase can be accommodated by a combination of:-
 - increasing the number of shifts on sites where this is possible
 - re-providing and marginally increasing the number of stations in Huddersfield
 - providing a satellite service in the centre of Wakefield
- When comparing the location of dialysis stations with the areas of population, the Leeds population is already well provided for with dialysis services based in Leeds. There is under provision of local access for the populations of Calderdale, Kirklees and Wakefield Primary Care Trusts (PCTs) – particularly Wakefield PCT.

The strategy concludes therefore that the priority for investment in renal services needs to be improving local access **outside** the Leeds area.

The issue of Renal Services within Leeds has been the subject of a number of recent discussions at Scrutiny Board (Health) meetings. Along with representation from the Trust, representatives from the Specialised Commissioning Group, NHS Leeds, Yorkshire Ambulance Service and the Strategic Health Authority have attended. The Kidney Patient Association has also been represented at the Scrutiny Board (Health) meetings.

Board members will recall that the Scrutiny Board (Health) issued a Statement on Renal Services in Leeds in December 2009. A total of 7 recommendations were made. One recommendation specifically related to the Trust, this being that the Trust should:

- i) Immediately re-affirm its commitment to re-provide dialysis facilities at Leeds General Infirmary.
- ii) Finalise plans for replacement dialysis facilities at Leeds General Infirmary and deliver these as soon as practicable, but no later than December 2010.

The Scrutiny Board (Health) statement was fully considered within the Trust at both the Clinical Governance Committee and at Trust Board. A response to the Statement was issued to the Scrutiny Board (Health) following the February 2010 Trust Board meeting. The Trust response to the above recommendation was as follows:

The regional Specialised 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.

As the Trust, commissioners and patients 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.

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.

4. PATIENT SAFETY

An issue raised by a representative of the LGI KPA is the risk of providing dialysis away from a main hospital site when there is no immediate medical cover. The renal clinical team have addressed concerns by ensuring that there is always appropriate nursing expertise within the haemodialysis satellite units. Registered nurses in these units are also trained in intermediate life support which enables them to defibrillate a patient in the event of an emergency situation, for example a cardiac arrest. The renal clinical team has a clinical governance structure in place which ensures any adverse incident or event is investigated and where necessary action taken to avoid re-occurrence. There have been no serious untoward incidents reported within any of the renal haemodialysis satellite units for the past 5 years. The renal clinical team continue to assess patients for their suitability to dialyse in a satellite unit and the clinical team will keep this issue under review to ensure patients are undergoing dialysis in a unit appropriate to the patient's clinical need.

This issue has also been raised with NHS Leeds, Specialised Commissioning Group (SCG) and the Strategic Health Authority. On being advised of this particular concern NHS Leeds and SCG responded as a matter of urgency and arranged to visit Seacroft to see the facilities for themselves and took the opportunity to speak to patients dialysing at the time of the visit. A letter was subsequently received from Philomena Corrigan, Director of Commissioning and Kevin Smith Medical Director of SCG advising "They were satisfied that the current nursing staffing establishment and medical support is safe for the delivery of patient care and is comparable to other units. They were satisfied with the clinical environment where care is delivered and with the clinical governance arrangements that are in place"

5. TRANSPORT

A key issue for renal patients is travelling times and fatigue leading up to and following dialysis. The majority of patients need to undergo dialysis 3 times a week and a significant proportion of haemodialysis patients are unable to transport themselves to and from dialysis. Transport remains a major concern for patients requiring haemodialysis as does the geographical location of haemodialysis units.

It is the strong view of the LGI Kidney Patient Association that a unit at LGI would reduce travelling time for some patients. It is acknowledged that the travelling time for some patients is too long and a forum already exists to enable transport issues to be discussed with patients and to enable actions to be agreed to further improve the travelling time and patient experience. This issue has been subject to specific discussion at Scrutiny Board (Health) who acknowledged that a great deal of progress has been made and that there is an effective process for managing this to ensure that individual and specific issues are addressed.

It should be noted that approximately 25% of patients make their own way to the haemodialysis unit. Of the remaining 75%, patients travel in saloon cars or ambulances with typically 2 or 3 patients sharing a vehicle.

One specific issue which has been raised in support of the argument for re-provision of a unit at LGI is the added time taken to get to Seacroft rather than LGI – particularly from the North West of Leeds (e.g LS21).

A piece of work by Yorkshire Ambulance Service (YAS) using some randomly selected patients travelling from the Leeds 21 postcode (North West Leeds) has established that the difference in the direct route journey time from a LS 21 postcode to Leeds General Infirmary rather than to Seacroft Hospital is 2 minutes. For journeys which include 'pick ups' and 'drop offs' of other patients the difference in the journey time to Leeds General Infirmary rather than Seacroft Hospital is 4 minutes.

The sample travelling times, whilst demonstrating that some patients experience prolonged travelling times which need to be improved, indicate the provision of a renal haemodialysis satellite unit at LGI would not significantly alter the travelling times for those patients who currently travel to Seacroft Hospital for their dialysis. Therefore the need to improve the travelling time for renal patients is an action that needs to be taken forward regardless of a decision regarding the provision of a renal haemodialysis satellite unit at LGI.

Commissioning responsibility for patient transport services moved from providers to commissioners in April 2010. The Trust will continue to work with the Yorkshire Ambulance Service, NHS Leeds and kidney patient representatives to further improve travel arrangements for all patients.

The South Yorkshire / North Trent Local Implementation Group is currently involved in a pilot to assess the potential for the use of Personal Health Budgets for renal transport and will make recommendations for developments across the region. The Trust recognises that the current concern for some patients is as much about the location of services as it is about capacity and therefore these recommendations will be considered in any future changes that further improve travelling times for patients in Leeds.

There has been a query raised by a member of Scrutiny Board (Health) that facilities for children's dialysis at LGI could be made available for adult use. This is not a viable option. It is not appropriate to share dedicated children's facilities with adults simultaneously and there is no capacity to share the resource at other times as it will be fully utilised by children.

6. SUMMARY

In conclusion,

- There are sufficient dialysis stations available in Leeds to meet the needs of patients requiring hospital haemodialysis
- There are no issues related to patient safety that have been identified by staff, NHS Leeds or SCG
- A number of patients would find a unit at LGI more convenient.
- The difference in the direct route journey time from a LS21 postcode to LGI rather than to Seacroft Hospital is 2 minutes. For journeys which include 'pick ups' and 'drop offs' of other patients the difference in the journey time to LGI rather than Seacroft Hospital is 4 minutes.
- Patient transport has improved but still requires further work
- The cost of re-providing a unit at LGI would be £1.4 million. This scheme has not been prioritised in this years capital programme
- It is acknowledged that the Scrutiny Board (Health) has recommended that the Trust should re-affirm its commitment to provide a haemodialysis satellite unit at LGI.
- Should a unit at LGI not go ahead, some patients are likely to feel let down given the previous commitment made in good faith to provide a haemodialysis satellite unit at LGI and this would need to be acknowledged

7. RECOMMENDATION

Based on the information outlined in this paper, The Trust Board is asked to:

Support and approve the proposal not to proceed with the development of a renal haemodialysis satellite unit at LGI.

Should the decision be taken not to proceed with the development of a renal haemodialysis satellite unit at LGI, to appoint the Chairman and Chief Executive to act on behalf of the Trust Board in offering a formal apology to the renal patients and Kidney Patient Association who will be affected by such a decision.

Maggie Boyle
Chief Executive
May 2010