

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
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Report of the Head of Operations

Contact Officer(s) – Sam Leak, Head of Operations, Renal, Respiratory, Cardiac and Vascular Clinical Management Group and Geraldine Ward, General Manager Renal and Transplant, University Hospitals of Leicester
Contact Details – 01162582547 / 0116584116

PETERBOROUGH RENAL HAEMODIALYSIS CAPACITY

1. PURPOSE

- 1.1 The purpose of this report is to brief the Scrutiny Commission for Health Issues on the tender process to provide renal dialysis services for patients in Peterborough.
- 1.2 The main aim of this tender is to provide improve access to haemodialysis facilities for patients in Peterborough city and its surrounding area. For the last 10 years or more a number of patients from Peterborough have had to travel to Corby, Leicester or Boston because of inadequate haemodialysis capacity in Peterborough. The objectives will be:
 - To repatriate approximately 30 displaced patients currently receiving dialysis at Lincoln, Leicester and Kettering;
 - To make sure that the largest number of patients possible have access to local facilities;
 - To meet national standards - Patients should travel less than 30 mins of their home to access haemodialysis (i.e. repatriate displaced patients and reduce increased travel costs circ); and
 - To provide and facilitate the delivery of high quality and most cost-effective care for the users.

2. RECOMMENDATIONS

- 2.1 The commission is asked to support the process and note the anticipated benefits for the patients

3. BACKGROUND

- 3.1 The Renal and Transplant Service at University Hospitals of Leicester (UHL) delivers renal dialysis services across the East Midlands network at ten different sites in Leicestershire, Lincolnshire, Northamptonshire and Cambridgeshire. These sites provide haemodialysis treatment for approximately 860 patients.
- 3.2 Most patients receive haemodialysis three times a week. Due to capacity issues a number of patients have not had treatment at their nearest centre and have to travel further to an alternative centre.
- 3.3 Satellite haemodialysis units in Northampton, Kettering and Leicester were old and unfit for purpose with Harborough Lodge in Northampton requiring a priority solution following criticism of the facilities in an investigation into an outbreak of tuberculosis. A number of service contracts were also due to cease in 2014.
- 3.4 **Stage1** - In 2014 a tender process was undertaken (awarded to Renal Services) to replace the three units in Corby, Northampton and Kettering with two large purpose built units. The new Northampton unit opened in April 2015 and the new Kettering unit opened in July 2015

replacing the Corby unit.

- 3.5 **Stage 2** – Due to capacity issues at Peterborough and a high number of patients having to travel to undergo dialysis at other units it was agreed at chief executive level that UHL and Peterborough should work to find a solution to expand local capacity for Peterborough haemodialysis. This would mean that patients could be repatriated to a local treatment centre.
- 3.6 Peterborough currently runs just below maximum capacity to allow for patients on haemodialysis who are admitted to the wards with intercurrent problems. If this is not done, patients would require transfer to Leicester for inpatient treatment of any acute intercurrent illness.
- 3.7 Options to both create local capacity and utilise capacity across the network have been considered. The options in summary are as follows:
1. Expansion at current Peterborough and Stamford Hospitals site;
 2. Peterborough patients to be dialysed at Kettering Unit;
 3. Patients at Peterborough at maximum capacity with nocturnal dialysis creating some additional capacity. Remaining patients to be dialysed at Kettering;
 4. Peterborough at the current maximum capacity with the addition of a small tendered unit; and
 5. Exit from Peterborough Hospital entirely and one large tendered unit in Peterborough.
- 3.8 In terms of the physical estate the Peterborough unit is hosted inside a PFI building which is both costly and less than optimal in the physical layout. The creation of capacity and Peterborough has been challenging due to both physical and financial limitations. To ensure value for money a decision was made by UHL Revenue and investment committee to test the market via the tender process.
- 3.9 The tender is divided into two Lots:
- Lot 1 the provision of a Small Renal Dialysis Managed Service Satellite Unit which will provide extra capacity for patients in Peterborough; and
 - Lot 2 the provision of a Large Renal Dialysis Managed Service Satellite Unit to meet the specification to meet the need of Peterborough dialysis patients off-site from the Peterborough Hospital site.

4. KEY ISSUES

4.1 Dependency of patients

- 4.1.1 Increasingly, the chronic haemodialysis (HD) population is composed of older patients with multiple comorbid conditions and reduced functional independence

4.2 Displaced patients

- 4.2.1 For many years capacity has not met local demand in Peterborough and patients have had to travel over 25 miles each way to facilities at Corby, Leicester or Boston.
- 4.2.2 This fails to meet the national standard that patients should travel less than 30mins to access haemodialysis treatment.

4.3 Quality and Patient experience

- 4.3.1 Although dialysis is a lifesaving treatment for people with End Stage Renal Disease (ESRD), dialysis is also a significant life changing experience for every individual that needs it.
- 4.3.2 For many patients with ESRD, dialysis greatly improves their well-being and their life. However, for some renal patients, it may not be as beneficial due to other health problems.

- 4.3.3 Patients receiving in centre haemodialysis attend the dialysis unit for 3.5-4.5 hours of treatment three times each week. In addition, there is travel time which many patients find difficult to endure. It is therefore critical to get the planning right when considering service development.
- 4.3.4 The types of things that influence a good quality haemodialysis patient experience are as below:
- A suitable clean and welcoming environment that allows HD to be delivered efficiently in a calm setting;
 - Suitable appointment times with HD treatments commenced in a timely manner;
 - Flexibility with appointment times to enable patients to attend special events;
 - A unit 'close to home' with minimal travel time without delays (standard is within 30 minutes from home);
 - Good communication supported by information about their condition and treatment;
 - Continuity of care delivered by competent staff;
 - On-going support to assist them in accepting their life change and adapting their lifestyle as required;
 - Effective 'problem free' vascular access.

5. CONSULTATION

- 5.1 A number of 1:1 discussions have taken place with Peterborough patients. Feedback indicates that the overall the UHL haemodialysis patient experience is very good. The main areas for improvement are consistently related to the travel time and the length of time patients spend away from home. It is therefore really important to recognise that these factors will have a significant impact on the quality of the patient experience
- 5.2 The Advocacy Officer of the National Kidney Federation provides a vital role by representing the views, wishes and needs of patients. This includes being involved in the design of the service specification and is an active member attending service level meetings.
- 5.3 A Patient Event will be held on 25 October in Peterborough. This is a Sunday which enables all HD patients to attend.

6. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985.

None.

7. APPENDICES

None.

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