

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
<b>5 NOVEMBER 2015</b>	<b>Public Report</b>

<b>Contact Officer</b>	<i>Sam Leak. Head of Operations – Renal, Respiratory, Cardiac &amp; Vascular</i>	Tel. 0116 2583330
	<i>Geraldine Ward, General Manager Renal &amp; Transplant The University Hospitals of Leicester</i>	Tel. 0116 2584116

## **PETERBOROUGH RENAL HAEMODIALYSIS CAPACITY UPDATE**

### **1. PURPOSE**

- 1.1 The purpose of this report is to provide an update following the meeting of the 17<sup>th</sup> September and to respond to the letter of the 1<sup>st</sup> October 2015.

### **2. RECOMMENDATIONS**

- 2.1 The recommendation is for the Committee to work with NHS England and University Hospitals of Leicester [UHL] to develop and agree an effective consultation process, which will address the concerns of the Committee.

### **3. BACKGROUND**

- 3.1 The UHL and NHS England met with the Committee on the 17<sup>th</sup> September 2015 to discuss Peterborough renal haemodialysis capacity and the tender process which was already underway.

For the last ten years there have been capacity constraints at Peterborough Hospital which has meant that patients who require haemodialysis treatment are required to travel up to three times per week to other units in Corby, Leicester and Boston for their four hour long haemodialysis session. You will appreciate that this is a significant inconvenience to Peterborough patients.

In addition to this, our current service also falls short of the service specification stipulated by NHS England, which requires travel time for haemodialysis treatment to be no more than 30 minutes each way.

In 2014, Chief Executives from both Peterborough and Leicester's Hospitals agreed to carry out a piece of work in collaboration, to develop a solution to expand capacity for patients in Peterborough who require haemodialysis and enable the repatriation of Peterborough patients to a haemodialysis unit closer to their home. As part of this work, the joint-team considered the expansion of services at Peterborough Hospital. Unfortunately, the proposed cost of the development based on costs provided by Peterborough Hospital was excessive and did not offer value for money for tax payers.

To provide the necessary assurance that we were improving access to the haemodialysis facilities for Peterborough patients whilst ensuring the new service provided value for money, we sought to test the market by way of a tender in two lots:

- Lot 1: the provision of a small Renal Dialysis Managed Service Satellite Unit to provide extra capacity for patients in Peterborough;
- Lot 2: the provision of a large Renal Dialysis Managed Service Satellite Unit to meet the specification and needs of Peterborough dialysis patients off-site from the Peterborough Hospital site.

UHL received tender responses from interested parties on Tuesday 13th October 2015; however the competitive tender process has been paused as requested by the Committee.

#### **4. KEY ISSUES**

4.1 In the letter from the Committee of the 1st October 2015, reference is made to service change at Peterborough Hospital as presenting a financial impact to Peterborough Hospital by virtue of its PFI costs. Unfortunately, UHL sees this as a matter for Peterborough Hospital to resolve as it entered in to the PFI agreement - it would be unrealistic to assume that services remained static over the lifetime of the PFI arrangement given the changes in the local population and their healthcare needs.

4.2 To date we have not carried out any formal public consultation.

#### **5. IMPLICATIONS**

5.1 UHL has received tender responses from interested parties on Tuesday 13th October 2015; however the competitive tender process has been paused at the request of the Committee.

Therefore Peterborough patients continue to receive a service that is inconvenient for them and which falls short of the service specification stipulated by NHS England.

#### **6. CONSULTATION**

6.1 To date UHL has not carried out any formal consultation. However UHL has carried out some pre-engagement. In December 2014 Geraldine Ward (General Manager from Leicester's Hospitals) visited the Corby Unit and met with a number of Peterborough patients receiving haemodialysis treatment at the Corby Unit to get their views and opinions on the current service we provide and how that may be improved in the future. In January 2015 UHL displayed information in the Peterborough unit explaining its proposals. On 7th and 13th of January UHL held some 'listening events', which comprised of one-to-one discussions over two full days were led by Johanna Bayes (Deputy Head of Nursing from Leicester's Hospitals) and Lisa Jeffs (Service Manager, Leicester's Hospitals). During this time they spoke with 83 patients to get their views, as well as holding meetings with staff.

UHL is really pleased that the feedback gathered from patients during this time indicates that they are receiving a very positive experience from the service. Main areas for improvement mentioned were consistently related to the travel time and the length of time patients spend away from home – issues UHL were already well aware of.

UHL had planned a subsequent event on Sunday 25 October at the Marriott Hotel in Peterborough; however this has now been cancelled in light of the Committee's letter and its request to carry out "effective" consultation.

#### **7. NEXT STEPS**

7.1 As the current service falls short of the standards for haemodialysis treatment, with regards to travel time, required by NHS England UHL request that the Committee provide advice to enable effective consultation to be carried out.

#### **8. BACKGROUND DOCUMENTS**

8.1 Letter from Councillor Rush – Chairman of the Scrutiny Committee for Health Issues, dated 1<sup>st</sup> October 2015. Details of the letter are included in Section 9.1

8.2 Response letter from UHL and NHS England. Details of the letter are included in Section 9.2

## 9. APPENDICES

### 9.1 Letter from Councillor Rush – Chairman of the Scrutiny Committee for Health Issues, dated 1st October 2015

Geraldine Ward, General Manager Renal and Transplant, University Hospitals of Leicester  
Mark Sheppard, Head of Supplier Management  
Specialised Commissioning, NHS England

cc: John Adler, Chief Executive, University Hospitals of Leicester  
Andrew Pike, Director of Commissioning Operations, NHS England, East  
Jessica Bawden, Director Corporate Affairs, C&P CCG

1 October 2015

Dear Geraldine and Mark

#### **Re: Renal Dialysis Services for Patients in Peterborough**

We write to illustrate our concerns in relation to the consultation and tendering process to improve access to haemodialysis facilities for patients in Peterborough.

Firstly we would like to recognise and acknowledge that by increasing the capacity for renal dialysis in Peterborough, NHS England is improving services for our residents, and mitigating a situation which at the moment is very difficult for some patients who are travelling a long distance for treatment. So we do not want to cause significant delays in improving this situation.

However we regret to note that we were not consulted in relation the tendering process. We would have requested that Lot 1, that is the provision of a small renal dialysis managed Service Satellite unit which will provide extra capacity for patients in Peterborough in addition to the dialysis service on site at the hospital, should be the preferred option. It is the option which would provide the greatest stability for our local health services, since the PFI costs of Peterborough Hospital still need to be met by the NHS, and removal of the dialysis unit from the hospital would worsen this situation. In our view, the other options do not provide the necessary benefits to the community and Lot 1 retains the best outcome for the hospital to create local capacity and utilise capacity across the network which is required.

In terms of the consultation, the Cambridgeshire and Peterborough Clinical Commissioning Group have also expressed concerns about insufficient communication and consultation with all commissioners and would like further involvement in the final decision that is taken. We also note that there is a lack of written information on the views of patients using the services about the proposed changes, although verbal feedback was given that patients are positive about the current service provided at Peterborough Hospital, and their main concern at present is the long travel times for patients who cannot be treated locally.

As you are aware, the Committee has the following statutory powers under s21 of the Local Government Act 2000 and s7 of the Health and Social Care Act 2001 as amended by the Health and Social Care Act 2012, the Local Authority (Public Health, Health and Well Being Boards and Health Scrutiny Regulations 2013 (SI 2013/218). Such powers rely upon the Committee being able to scrutinise any matter relating to the planning, provision and operation of the health services in Cambridgeshire and make recommendations.

We note in this instance, this process has not been followed in that the Committee have not been consulted prior to the tendering process or provided with their statutory ability to do so.

We think that the best way forward and which would serve the interests of all parties, is that effective consultation is undertaken and the current tender process is briefly put on hold whilst this consultation is achieved in order to avoid any adverse decision making process, and that Lot 1 is put forward to provide the best possible solution to address this situation.

Yours sincerely  
Councillor Brian Rush  
Chairman, Scrutiny Commission for Health Issues

**9.2 Response letter from UHL and NHS England. As described in section 8.2 above:**

Councillor Brian Rush  
Peterborough City Council,  
c/o Democratic Services Team  
Governance Directorate  
Town Hall  
Bridge Street  
Peterborough  
PE1 1HG

Dear Councillor Rush,

**Re: Reference SCHI / Renal dialysis Services for Patients in Peterborough/150917**

Thank you for your letter dated the Thursday 1<sup>st</sup> October 2015, within which you outline your concerns regarding the recent tendering process carried out by the University Hospitals of Leicester NHS Trust [Leicester's Hospitals]. In your letter you highlighted the following concerns:

- 1 – The tender process
- 2 – Consultation process
- 3 – Impact of service change upon Peterborough Hospital

Before responding to your specific concerns it might be helpful to set out the context for the tender. For the last ten years there have been capacity constraints at Peterborough Hospital which has meant that patients who require haemodialysis treatment are required to travel up to three times per week to other units in Corby, Leicester and Boston for their four hour long haemodialysis session.

You will appreciate that this is a significant inconvenience to Peterborough patients. In addition to this, our current service also falls short of the service specification stipulated by NHS England, which requires travel time for haemodialysis treatment to be no more than 30 minutes each way.

In 2014, Chief Executives from both Peterborough and Leicester's Hospitals agreed to carry out a piece of work in collaboration, to develop a solution to expand capacity for patients in Peterborough who require haemodialysis and enable the repatriation of Peterborough patients to a haemodialysis unit closer to their home. As part of this work, the joint-team considered the expansion of services at Peterborough Hospital. Unfortunately, the cost of the development was excessive and did not offer value for money for taxpayers.

To provide the necessary assurance that we were improving access to the haemodialysis facilities for Peterborough patients whilst ensuring the new service provided value for money, we sought to test the market by way of a tender in two lots:

- Lot 1: the provision of a small Renal Dialysis Managed Service Satellite Unit to provide extra capacity for patients in Peterborough;
- Lot 2 the provision of a large Renal Dialysis Managed Service Satellite Unit to meet the specification and needs of Peterborough dialysis patients off-site from the Peterborough Hospital site.

We received tender responses from interested parties on Tuesday 13<sup>th</sup> October 2015; however the competitive tender process has been paused as requested in your letter.

In your letter, you refer to service change at Peterborough Hospital as presenting a financial impact to the Trust by virtue of their PFI costs. Unfortunately, Leicester's Hospitals sees this as a matter for Peterborough Hospital to resolve as it entered in to the PFI agreement - it would be

unrealistic to assume that services remained static over the lifetime of the PFI arrangement given the changes in the local population and their healthcare needs.

To date we have not carried out any formal consultation. However we have carried out some pre-engagement. In December 2014 Geraldine Ward (General Manager from Leicester's Hospitals) visited the Corby Unit and met with a number of Peterborough patients receiving haemodialysis treatment at the Corby Unit to get their views and opinions on the current service we provide and how that may be improved in the future. In January 2015 we displayed information in the Peterborough unit explaining our proposals. On 7<sup>th</sup> and 13<sup>th</sup> of January we held some 'listening events', which comprised of one-to-one discussions over two full days were led by Johanna Bayes (Deputy Head of Nursing from Leicester's Hospitals) and Lisa Jeffs (Service Manager, Leicester's Hospitals). During this time they spoke with 83 patients to get their views, as well as holding meetings with staff.

We are really pleased that the feedback gathered from patients during this time indicates that they are receiving a very positive experience from the service. Main areas for improvement mentioned were consistently related to the travel time and the length of time patients spend away from home – issues we were already well aware of.

We had planned a subsequent event on Sunday 25 October at the Marriott Hotel in Peterborough; however we have now cancelled this event in light of your letter and the request to carry out "effective" consultation.

Under Section 242 we realised we have a duty to involve service users/ the public in any planned changes to our services. As such, now that we have received the information through the tender process, along with feedback from our patients and staff, we will begin to pull together a document which will outline the current challenges and our intended "options" to improve our service. We would welcome your support and input into this process and I would like to suggest a meeting between some of our service leads and yourself/ other Scrutiny Committee colleagues.

*Yours sincerely*

*Christine Richardson  
Assistant Director of Specialised Commissioning - East Midlands (Strategic Change)  
NHS England – Midlands and East*

*Richard Mitchell  
Deputy Chief Executive/ Chief Operating Officer  
University Hospitals of Leicester*

This page is intentionally left blank