

Author: Richard Baines, Helen Riddleston, Suzi Glover, Geraldine Ward

## Context

1. The purpose of this paper is to brief the Leicestershire, Leicester and Rutland Health Overview Scrutiny Committee on the process and service development to re-provide and expand renal dialysis services for the population of Lincolnshire and Leicestershire and Rutland (LLR).

The private provider contracts that are in place for Lincolnshire (Grantham, Boston and Skegness) and Leicestershire and Rutland (Hamilton) are up for renewal and therefore we are in the process for planning the future of the service in those areas. The objective will be to:-

- a) To provide and facilitate the delivery of high quality and most cost-effective care for the patients.
- b) Improve capacity and access to local outpatient haemodialysis facilities for patients in LLR and this includes an improved pathway for inpatients for the population of Lincolnshire and the surrounding area. There is a 4% growth in the number of people requiring dialysis treatment is forecast - refer to renal registry report) and we know that patients treated with dialysis have increasingly complex health and social care needs.
- c) To meet national standards - Patients should travel less than 30 mins of their home to access haemodialysis

Over the last few years we have successfully delivered new dialysis units in Northampton, Kettering and most recently Peterborough. From the point of view of LLR it should also be noted that the wider renal service is also being considered with the plans for reconfiguration being factored into the planning.

Current Service – Leicestershire and Rutland	Future
Leicester General Hospital – (UHL)	Reconfiguration Plans –future Kidney centre model in discussion.
Loughborough Satellite Unit	Remain as is with potential to develop a minimal care area within the existing footprint.
Hamilton Satellite Private provider fully managed Service	Tender
Heath Lane Surgery (UHL)	Self-care facility to remain as is.
Current Service Lincolnshire	
Lincoln County Hospital (UHL)	In patient and day-case service development – clinical pathway to repatriate Lincolnshire patients
Grantham Satellite Unit – Private Provider – fully managed service	Tender
Boston Satellite Unit – Private Provider – Fully Managed Service	Tender
Skegness Satellite Unit – Private Provider – Fully Managed Service	Tender

## Background

It is proposed that the expansion programme would have 2 phases to it. The first phase would address the immediate need for increased capacity and the private provider contract which is coming to an end.

The second would work alongside the reconfiguration programme to address the longer term capacity issues and some other aspects of the renal service.

### **Quality and Patient Experience**

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.

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.

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.

The types of things that influence a good quality haemodialysis patient experience are as below:

- a) A suitable clean and welcoming environment that allows HD to be delivered efficiently in a calm setting
- b) Suitable appointment times with HD treatments commenced in a timely manner
- c) Flexibility with appointment times to enable patients to attend special events
- d) A unit 'close to home' with minimal travel time without delays (standard is within 30 minutes from home)
- e) Good communication supported by information about their condition and treatment
- f) Continuity of care delivered by competent staff
- g) On-going support to assist them in accepting their life change and adapting their lifestyle as required
- h) Effective 'problem free' vascular access

We are in the process of surveying all patients treated with dialysis on a one to one basis. However, we have recently hosted a consultation event ( 13<sup>th</sup> May) and whilst the number of attendees was a minority they made valid and interesting points highlighting how they felt the service should develop. These include:-

- a) A preference for some dialysis provision to be on the GH site
- b) Direct admission to a renal services therefore avoiding an admission to ED
- c) Communication between the ward and the dialysis unit is important

Taking the above into account the clinical and managerial team have developed a robust service specification.

### **The Renal and Transplant service develops from a strong position and in particular it:**

- a) Is a tertiary referral renal centre serving a population of 2.2 million people.
- b) Is the hub for one of the largest renal networks in the country providing care for over a 1000 people across the network with end-stage kidney disease. The clinical outcomes are good or on a par with comparable services as evidenced by successive renal registry reports.
- c) Has a strong ethos of multi-professional working with nationally prominent figures working in our pharmacy, dietetic, nursing, H&I as well as clinical teams. Clinicians are recognised for holding prominent roles in national bodies such as the Royal College of Physicians.
- d) Is the driving force behind the highly successful East Midlands NIHR CRN research network. The clinical service is vastly enhanced by internationally regarded clinician scientists.
- e) Offers a very good training environment – evidenced by undergraduate and postgraduate feedback as well as consistently attracting high quality trainees from overseas.

### **The Programme of Work**

The Hamilton, Boston, Grantham and Skegness units are fully managed, private provider units. Through procurement process services will be expanded, to deliver a different service model to fit with the change in acuity and case-mix of patients. The location may remain the same or may be in the close proximity. The plan would be a stepwise increase in patient numbers and capacity usage over a number of years.

This would allow us to cater for the predicted growth in numbers as well as cater for the more complex, frail patients requiring the premium middle of the day slots. To meet the required procurement regulations the plan is for the procurement to commence on 25<sup>th</sup> July 2018.

**Outpatient Haemodialysis Provision - Procurement - The following procurement lots have been agreed:**

**Lot 1: Lincolnshire**

- a) Boston (Current) or similar location based on postcode data.
- b) Grantham (Current) or similar location based on postcode data.
- c) Skegness (Current) or similar location based on postcode data.

**Lot 2: Leicestershire and Rutland**

- a) Hamilton (Current) or similar location based on postcode data.

**Input Sought**

The committee is asked to support the service development and tender process and note the anticipated benefits for the patients.