

Developing renal dialysis services for people in the east of England

Summary consultation document



Your chance to have your say

Deadline for feedback March 8, 2010

Information for public consultation
Published December 14, 2009
East of England Specialised Commissioning Group

1. BACKGROUND

1.1 What is kidney disease?

For the kidney to be able to work properly there needs to be a supply of blood requiring cleaning, a cleaning system needed to clean this blood, a way for the cleaned blood to return to the rest of the body and a way for the waste to be able to leave the kidney and the body.

If any of the above do not work as they should, then the kidney is unable to produce urine and therefore waste cannot be removed from the body properly. If these problems persist, then it is possible that kidney disease will be the result.

Renal failure is the general term used when the kidneys fail to function properly. For some patients renal failure can develop over the course of months, even years, but for others it can occur very quickly.

Chronic kidney disease (CKD) is defined as the presence of kidney damage, or a decreased level of kidney function, for a period of three months or more. CKD can be divided into five stages, depending on severity. The final stage of this is known as 'End-Stage Renal Failure' (ERF), which requires ongoing dialysis.

Often kidney disease is associated with other medical conditions including diabetes, hypertension and heart disease. In addition, members of certain ethnic groups are also at higher risk because of the greater incidence of diabetes and high blood pressure.

1.2 What is renal dialysis (Renal Replacement Therapy)?

Renal Replacement Therapy (RRT) is a term used to encompass life-supporting treatments for renal failure.

Clinicians and nurses have been working over the past few months to develop a future strategy for commissioning renal services in the region that cover three treatments.

The East of England Specialised Commissioning Group (SCG) is asking for your views on the provision and expansion of these three types of renal dialysis services in the region:

- **Haemodialysis** (*cleaning the blood through a machine*)
- **Peritoneal dialysis** (*a process by which fluid is introduced into the abdomen to clean the blood – can be conducted in a unit or through home therapy*)
- **Home therapies** (*Patients receive treatment at home when clinically suitable*)

The terms 'renal dialysis' or 'renal dialysis services' in this document therefore refer to all three types of treatment.

1.3 Home therapies – a closer look

NICE (National Institute for Health and Clinical Excellence) produced guidance on home therapy in 2002, which was subsequently supported by both the renal National Services Framework (NSF) in 2004 and the Department of Health Operating Framework 2008/09.

NICE estimated that between ten and 15 per cent of patients would prefer home therapy, if offered a choice. This percentage has been met (and exceeded) in certain places (including Manchester). However, in the rest of England less than two per cent of renal dialysis patients are currently self-caring at home.

The East of England SCG has been carrying out work, in addition to that outlined in this consultation, exploring the rejuvenation of home therapies. There has been some success and new mobile dialysis technology has been piloted.

The aspiration is to have ten per cent of renal dialysis patients in the east of England self-caring by 2015.

1.4 What renal dialysis services are available now?

Renal dialysis services in the east of England are provided by eight 'principal' units and nine 'satellite units'. Patients are also treated outside of the region.

The table below shows the current provision of renal dialysis services (haemodialysis and peritoneal) available in healthcare settings but not home therapy provision.

Provider	Number of existing dialysis stations	Number of existing patients
Principal Units		
Addenbrooke's Hospital, Cambridge	35	129
Basildon & Thurrock Hospital	26	149
Broomfield Hospital, Chelmsford	24	115
Colchester Hospital	20	120
Ipswich Hospital	19	94
Lister Hospital (East & North Hertfordshire Hospitals)	20	122
Norfolk and Norwich Hospitals	28	165
Southend Hospital	28	168
Satellite Units (and their principal units)		
Aldeburgh (Ipswich Hospital)	5	10
Cromer (Norfolk & Norwich Hospital)	8	47
Huntingdon (Addenbrooke's Hospital)	14	45
James Paget Hospital (Norfolk & Norwich Hospitals)	18	95
Kings Lynn (Addenbrooke's Hospital)	14	83
Luton & Dunstable (East & North Hertfordshire Hospitals)	23	145
Peterborough (Leicester)	16	90
St Albans (East & North Hertfordshire Hospitals)	16	104
West Suffolk (Addenbrooke's Hospital)	13	56
Watford (with North West London satellite)	22	150
Principal units providing treatment outside East of England area		
Barts & The London Hospital		56**
Royal Free Hospital and satellites		66*
Oxford (with Milton Keynes satellite)		17***

* Predominantly East and North Hertfordshire residents, Essex and small number from Bedfordshire

** Predominately Essex residents

*** Bedfordshire residents

'Principal' units are those at hospitals. These are supported by one or more 'satellite' units that are closer to patients' homes.

1.5 What needs to change and why?

In January 2004, the first part of the renal NSF was published, with the aim of recognising the need for significant expansion of services for patients with chronic renal failure. The NSF suggested that between 2004 and 2014 the number of patients needing RRT would double.

Although transplantation rates are planned to increase, it is expected that the most significant service pressure will relate to renal dialysis services, with growth of five percent per annum until 2030 and possibly beyond.

Therefore it is predicted that the number of patients will rise from 1,769 in 2008 to 2,143 in 2015 and to 2,868 in 2020.

Our proposals aim to address these issues to ensure that existing and future patients receive the best quality of care as close as possible to their homes.

2. VISION FOR RENAL DIALYSIS SERVICES IN THE REGION

2.1 Our vision

Taking into account national policy and feedback from patient groups, the vision of the East of England SCG is to provide:

A service which where possible actively encourages enhanced and independent dialysis. It provides sufficient renal dialysis capacity to appropriate quality standards for those patients who choose renal dialysis, or for whom home dialysis or peritoneal dialysis is not an option. Service provision across the region will be equal, based on patient need. The standards and markers of good practice stated in the renal NSF will form the basis of all future service development plans.

3. PROPOSALS AND CONSULTATION

3.1 Our proposal

The aims of our proposals are to:

- *Improve equality of access to services, based on population need*
- *Improve the experience of patients by expanding patient choice where clinically appropriate*
- *Improve the balance of geographic access to services, including shorter travel times for patients, so that the majority are no longer than 30 minutes away from a unit*
- *Ensure that renal dialysis units are the right size and therefore provide cost-effective services*

No services are to be taken away, and existing patients will not be forced to move to another place for treatment.

3.2 Locations for expansion of renal services

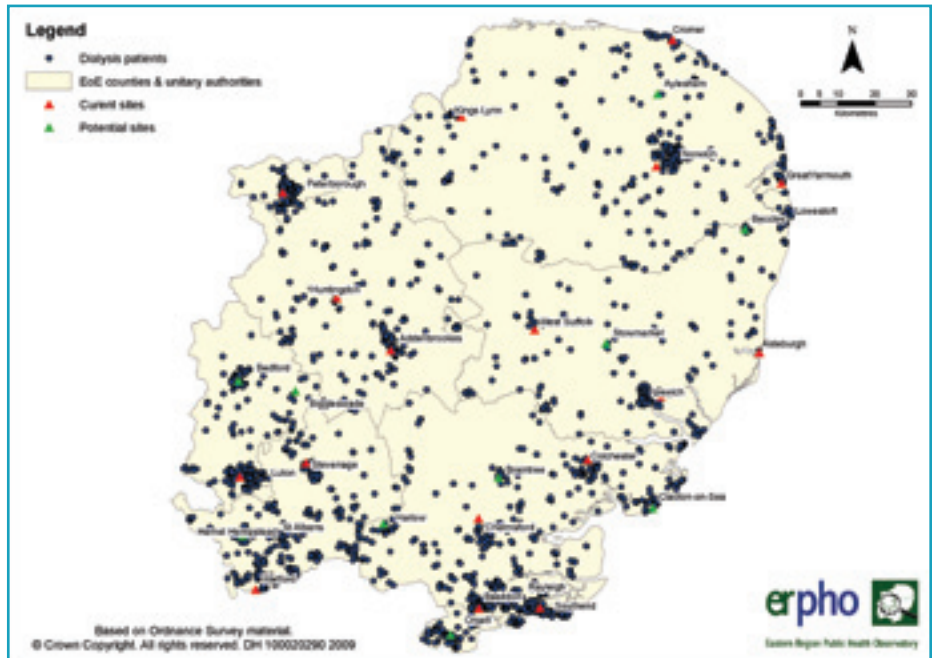
During the summer of 2009, clinicians were consulted about current services, capacity and future growth.

The factors that they identified as key to the improvement of renal dialysis services in the region are:

- ***To release pressure on existing units when provision in areas close by may not be adequate***
- ***Journey times to units (based on 30 minutes for the majority of patients), taking into account the rural locations of some existing and future patients***
- ***Accessibility of new units (close to main road or on existing hospital sites)***
- ***Areas where there are more patients will need better service provision***
- ***Proposed sites need to have the capacity to expand as patient numbers increase***
- ***Build quality of new and existing units needs to meet national NHS standards***

Taking into account these factors, the proposed sites were identified by each PCT and are shown on the map below:

Current and proposed sites



Proposed sites (table)

Primary Care Trust	Location	Number of new dialysis stations
West Essex/ East & North Hertfordshire	M11 corridor (eg Harlow, Bishop's Stortford) (or within a 30 minute radius)	Minimum 22 stations (with room for further expansion)
Bedfordshire	Bedford (or within a 30 minute radius)	Minimum 20 stations (with further room for expansion)
	Biggleswade (or within a 30 minute radius)	Minimum 8 stations (with further room for expansion)
North East Essex	Colchester (or within a 30 minute radius)	Minimum 8 stations (with room for further expansion)
Great Yarmouth & Waveney	Beccles or Bungay (or within a 30 minute radius)	Minimum 5 stations (with further room for expansion)
Norfolk	Aylsham (or within a 30 minute radius)	Minimum 6 stations (with room for further expansion)
Suffolk	A14 corridor (eg Stowmarket) (or within a 30 minute radius)	Minimum 5 stations (with room for further expansion)

3.3 What do you think?

We would like to hear the views of patients, their families, carers and the staff working in this area of healthcare.

Please see the feedback form inserted into this document to give us your views.

Evaluation of responses to the consultation

There will be an independent evaluation of all the responses to the consultation, including all written responses and outcomes of discussions from the consultation meetings.

This evaluation will then be fed into the final decision-making process, where your views will be taken into account by the Renal Strategy Board.

4. HOW TO HAVE YOUR SAY

4.1 Written feedback

There are many ways in which you can feedback your views on the proposals to us:

1. *Fill in the form at the back of this document and return it to us by post using the envelope provided (no stamp is required)*
2. *Write us a letter and return it to us using the envelope provided (no stamp is required)*
3. *Log on to www.eoescg.nhs.uk and complete our form online*
4. *Scan and email your completed feedback form to: renaldialysis@eoescg.nhs.uk*
5. *Fax the form to us on 01279 666982*

If there is not a FREEPOST envelope enclosed in this document, simply send your feedback form or letter to:

FREEPOST RSEL-JKTR-LLCE
Renal Consultation
East of England Specialised Commissioning Group
Endeavour House
Coopers End Road
London Stansted Airport
Essex CM24 1SJ

The deadline for all feedback is Monday, March 8 2010.

4.2 Come along to one of our consultation meetings

Our commissioners, patient representatives and renal specialists will be available to speak with patients, families, carers, experts, staff and anyone with an interest in working with us on our plans to develop renal dialysis services.

Dates and locations of consultation meetings in 2010:

Date	Area	Location
Thursday, January 7 10am – 12pm	Great Yarmouth	Celebration Suite – James Paget Hospital, Burrage Centre, Lowestoft Road, Gorleston, Great Yarmouth, NR31 6LA.
Thursday, January 7 2pm – 4pm	Norwich	Benjamin Gooch Lecture Theatre, Norwich and Norfolk Hospital, Colney Lane, Norwich, NR4 7UY.
Tuesday, January 12 2pm – 4pm	Stowmarket	Civic Offices, Council Chambers, Milton House, Milton Road South, Stowmarket, Suffolk, IP14 1EZ.
Thursday, January 14 11am – 1pm	Peterborough	Thorpe Lodge Hotel, 83-85 Thorpe Road, Peterborough, PE3 6JQ.
Friday, January 15 2pm – 4pm	Cambridge	Addenbrooke's Hospital Clinical School, Seminar room five, Hills Road, Cambridge, CB2 2SP.
Monday, January 18 10am – 12pm	Rayleigh	Mill Hall, Bellingham Lane, Rayleigh, SS6 7ED.
Thursday, January 21 10am – 12pm	Luton	The Board Room, Old Ward Block, Luton and Dunstable Hospital, Lewsey Road, Luton, LU4 0DZ.
Thursday, January 21 2.10pm – 4pm	Bedford	Medical Institute, Postgraduate Centre, Bedford Hospital, Kempston Road, Bedford, MK42 9DJ.
Friday, January 22 10am – 12pm	Stevenage	Lister Hospital, Corey's Mill Lane, Stevenage, SG1 4AB.
Friday, January 22 2pm – 4pm	Harlow	Latton Bush Centre, Southern Way, Harlow, CM18 7BL.
Monday, February 1 2pm – 4pm	Colchester	Lecture theatre, Postgraduate Centre, Colchester Hospital, Turner Road, Colchester, CO4 5JL.

Request a consultation meeting

If you are involved in a patient or community group and would like a separate consultation meeting, please contact:

East of England Specialised Commissioning Group Communications team

Email: renaldialysis@eoescg.nhs.uk

Tel: 01279 666388

Notes

This consultation document is produced on behalf of the 14 Primary Care Trusts (PCTs) in the east of England:

NHS Great Yarmouth and Waveney	NHS Peterborough
NHS Cambridgeshire	NHS Norfolk
NHS Suffolk	NHS Mid Essex
NHS North East Essex	NHS South East Essex
NHS South West Essex	NHS West Essex
NHS East and North Hertfordshire	NHS West Hertfordshire
NHS Bedfordshire	NHS Luton

The document is also available from www.eoescg.nhs.uk

If you would like information in another language or format, please ask us.

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यदि आपनि এই फलकूमन्टि असा कान्सा वा कसमन्टि हान, फाउल सगा कल अमानसल वलन।

यदि आपको सूचना किसी अन्य भाषा या अन्य रूप में चाहिये तो कृपया हमसे कहे

Se desiderate ricevere informazioni in un'altra lingua o in un altro formato, siete pregati di chiedere.

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

Se deseja obter informação noutra idioma ou formato, diga-nos.

Türkçe bilgi almak istiyorsanız, bize başvurabilirsiniz.

Если вы хотели бы получить информацию на другом языке или в другом формате, просим обращаться в администрацию.

如欲索取以另一语言印制或另一格式制作的资料，请与我们联系。

Renal Consultation

East of England Specialised Commissioning Group

Tel: 01279 666388

Email: renaldialysis@eoescg.nhs.uk