

ITEM No .....

**JOINT CITY AND COUNTY  
HEALTH SCRUTINY COMMITTEE**

**9 OCTOBER 2007**

**REPORT OF THE HEAD OF OVERVIEW AND SCRUTINY – NOTTINGHAM  
CITY COUNCIL**

**RENAL DIALYSIS SERVICE DEVELOPMENT**

**1 SUMMARY**

As was discussed with Members at the September meeting of this Committee, the Chair and Vice Chair were informed by Nottingham City and Nottinghamshire County Primary Care Trusts (PCTs) of a proposed development to renal dialysis services managed by Nottingham University Hospitals.

This report informs the Committee of the changes that are taking place.

**2 MATTERS FOR CONSIDERATION**

The Committee are requested to consider the information contained within the report and seek any clarification necessary.

**3 BACKGROUND INFORMATION**

The Chair and Vice-Chair of this Committee considered a briefing paper from the PCTs which informed them of proposed changes to renal dialysis services managed by Nottingham University Hospitals. As the changes were not substantial in nature the Chair and Vice-Chair felt that they did not warrant a full public consultation. However, they requested that a briefing be brought to this Committee in order to inform all Committee Members of the changes.

The briefing paper is attached as appendix A to this report.

**4 SUPPORTING INFORMATION**

Appendix A OSC Briefing Note - Renal Dialysis Service Development

**5 LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED  
WORKS OR THOSE DISCLOSING EXEMPT OR CONFIDENTIAL  
INFORMATION**

None

**6 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

None

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## **OSC Briefing Note**

### **Renal Dialysis Service Development**

#### **1. Introduction**

This paper describes to the Overview and Scrutiny Committee proposals to increase the capacity for renal dialysis through an additional facility at Ilkeston Hospital. It seeks the OSC's agreement to pursuing the proposal without the need for wide public consultation on the basis that the proposals are not significant with regard to the scale of the changes.

#### **2. Background**

2.1. Haemodialysis is a critical treatment for patients with kidney failure who require therapy three times each week. Currently service provision is planned within the scope of the Mid Trent Renal Network covering patients within Nottinghamshire, Derbyshire and East Staffordshire who access units at Nottingham University, Kings Mill, Derby and Burton Hospitals.

2.2. Nottingham University Hospitals provides the main treatment facility for both Nottingham City and Nottinghamshire County PCT patients from its City Hospital campus. The City Hospital Haemodialysis Centre treats 262 patients through 40 stations, which run at full capacity for 3 sessions each day, seven days per week. This capacity is supplemented by 16 stations at Kings Mill Hospital.

#### **3. Capacity and Demand Projections**

3.1. An exercise to project continued growth in demand within the Mid Trent Renal Network highlighted the constraints of existing facilities to be able to accommodate this. Without a new dedicated satellite facility, current centres would not ensure adequate provision or enable local patients to receive therapy within 30 minutes of their home area; A key requirement (Standard of The National Service Framework for Renal Services).

3.2. Demand for Haemodialysis is growing at 8% per year in the Mid Trent area.

3.3. To meet the current needs for haemodialysis, the NUH City Hospital service is providing therapy seven days per week. Normal practice is to operate six days per week running 2 sessions each day. This reduces unsociable hours attendance for patients and allows for maintenance and cleaning, minimising unplanned downtime of key resources.

3.4. A new satellite facility would ensure that both the City Hospital and Kings Mill Centre could meet the current demand and reduce their respective occupancy to 95%, thus ensuring availability to support patients with who may require dialysis at short notice. This modelling includes reference to planned capacity expansion at Kings Mill Hospital in 2009 to increase station numbers from 16 to 24.

#### **4. New Satellite Facility**

4.1. Work has taken place to evaluate options for provision of a new satellite Haemodialysis facility, which has considered key issues including:

- Patient care – Quality and Geography / Accessibility
- Time factor to develop much needed capacity

- Need for capital finance.

4.2 Analysis of the spread of both current and pre-dialysis patients shows a significant cluster of patients who reside to the south and south-west of the city so the establishment of a satellite unit anywhere in the area from the west to the south would enable these patients to reduce travel times for treatment.

4.3. Two potential locations at Ilkeston Hospital and Stapleford Care Centre emerged as the strongest options

4.4. Further work demonstrated that Ilkeston could be operational by January 2008. Its proposed location is more suitable for patients requiring ground floor access and convenient ambulance / drop off parking. Financially it is the more cost effective option.

4.5. Patients requiring haemodialysis highlight the importance of continuity of care and value the assurance of long standing relationships with clinicians. A 12 station satellite facility at Ilkeston operating 2 shifts per day, 6 days per week, would enable an additional 48 patients to be treated and would ensure continuity of care for existing patients as they will remain under the care of the NUH consultants at the same time as offering the option of choice of location for current patients and those in pre-dialysis stage.

4.6. The proposed satellite facility is identified by service commissioners (PCTs) and the provider (NUH) as a good medium term solution to the unsustainable pressures on City Hospital facilities.

## **5. Further Work**

### 5.1. Networks

5.1.1. Work to consider the value of an East Midlands wide renal network is ongoing. Commissioners and Providers believe this would be the optimum arrangement for responding to planning and capacity issues in the region.

### 5.2. Referral Issues

5.2.1. Joint working across Nottinghamshire and Derbyshire Commissioners and Providers is key to responding to a number of service issues including referral patterns of GP's on the borders of both counties, managing post transplant patients and projecting demand to ensure the best use of network capacity, sound future planning and best value for money.

### 5.3. Service Development

5.3.1. Work to develop the availability of self - care / minimal care dialysis is continuing. This offers the potential for a cohort of clinically appropriate patients to be supported to carry out their own treatment.

## **6. Summary**

6.1. The Nottingham Renal Unit at City Hospital is operating at full capacity. A new satellite unit at Ilkeston and increased future dialysis service capacity at Kings Mill will provide medium term relief whilst work progresses to plan long – term service provision with further satellite facilities to meet the needs of local patients.