

Division of Clinical Support Services & Tertiary Medicine

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SUBJECT:	Renal Services in Bury & Rochdale
FORUM:	Pennine Acute NHS Trust – Joint Health Overview and Scrutiny Committee
PURPOSE OF PAPER: To discuss the proposed relocation of the Rochdale Renal Unit from Rochdale Infirmary to Heywood in order to provide a joint Kidney Care Centre for Bury & Rochdale residents.	

TABLE OF CONTENTS

	Page
Purpose of Paper	3
 Section 1 – Current System	
1.1 Geographical Location	3
1.2 Patient Facilities	4
1.3 Patient Pathway	5
 Section 2 – Proposed System	
2.1 Geographical Location	6
2.2 Patient Facilities	8
2.3 Patient Pathway	10
 Section 3 – Costs	
3.1 Funding Arrangements	13
 Section 4 – Future Solution	
4.1 Problems & Solutions	13
 Section 5 – Next Steps	
5.1 Summary	14
5.2 Approvals and Public Engagement	14
5.3 Recommendations	14

Purpose of the paper

This paper describes proposed changes to Renal Services, to create a dedicated Kidney Care Centre, with a single integrated team. This will improve the quality of the pathway for patients in Bury & Rochdale, improve access to services and enable care to be provided from higher quality facilities.

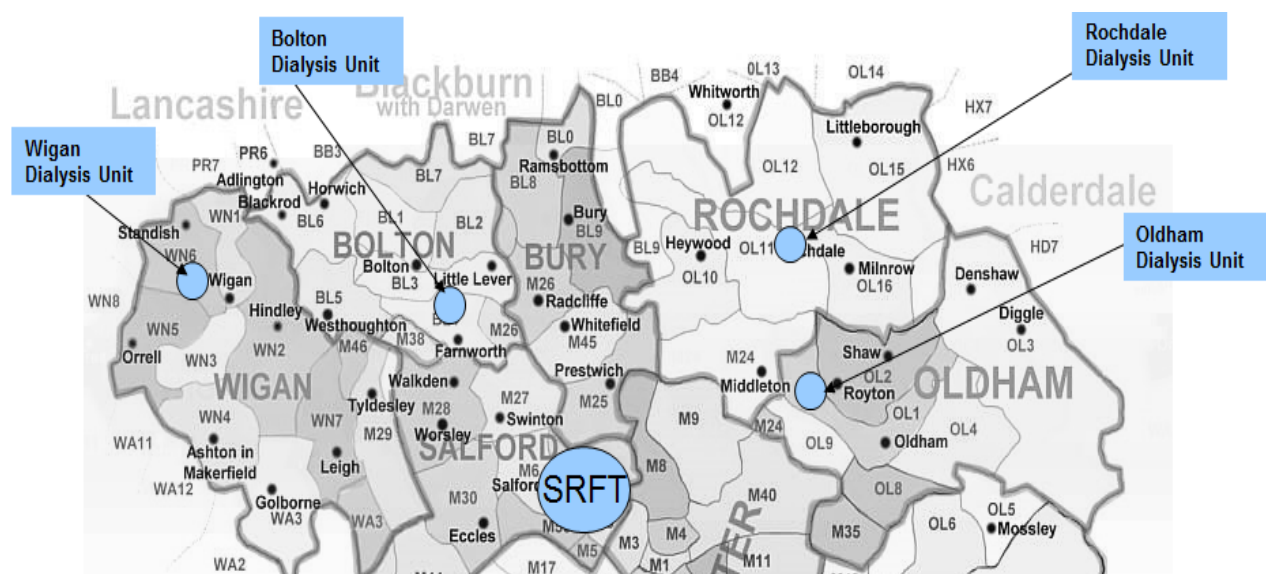
The proposed changes have been discussed and supported by the Kidney Care UK, NHS England, North East Sector Clinical Services Transformation Programme Board, Bury CCG Clinical Cabinet, Heywood, Middleton & Rochdale CCG System Transformation Committee and the Heywood, Middleton & Rochdale CCG Governing Body.

1) Current System

1.1) Geographical Location

As there is no dedicated dialysis facility within the Bury CCG catchment area, Bury residents who require Renal Replacement Therapy travel to either Rochdale or Bolton Dialysis Units for haemo-dialysis; dependent upon whether they live in the East or West side of Bury. However as Bolton Dialysis Unit is near its maximum capacity more Bury patients are being displaced to the Rochdale Dialysis Unit, even if the Bolton Unit is closer. There is a high risk this displacement could have a domino effect on the future capacity of the Rochdale Dialysis Unit, which in turn may become full resulting in Rochdale residents being forced to dialyse at the Oldham Unit.

The below map shows the geographical area covered by Salford Royal NHS Foundation Trust (SRFT) in relation to Renal Replacement Therapy. This demonstrates the current lack of service provision for Bury residents, with East-Rochdale residents having an abundant amount due to their close proximity to both the existing Rochdale Unit and the newly opened Oldham Unit.



1.2) Patient Facilities

In relation to the quality of existing patient facilities the current Rochdale Dialysis Unit poses many logistical issues that contravene the recommended key points within Health Building Note Satellite Dialysis Unit guidance, such as:

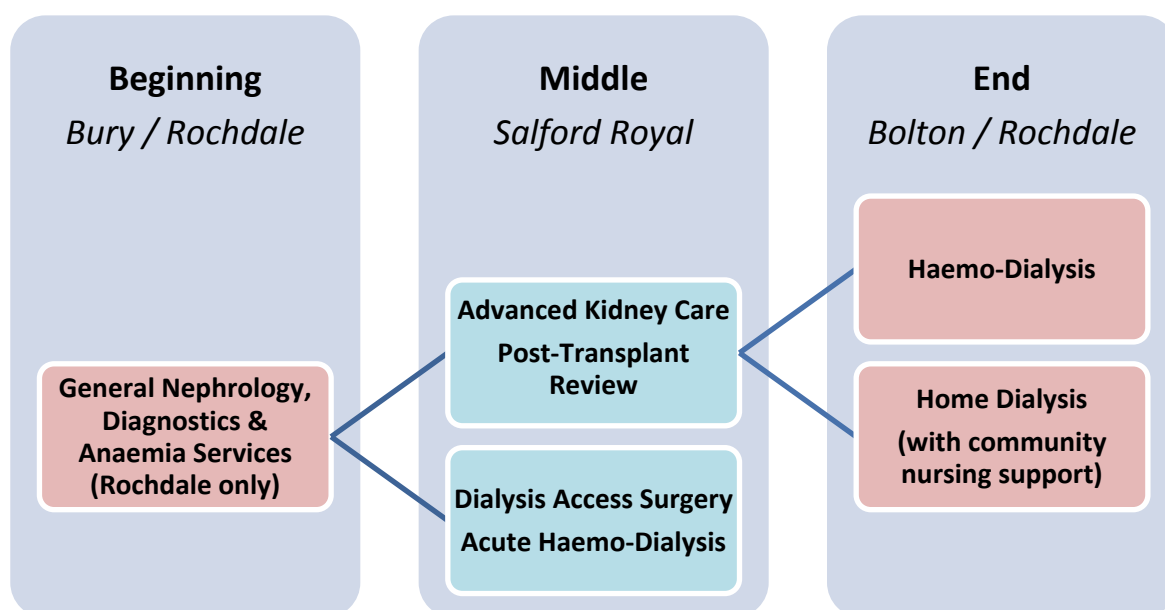
- The layout of the multi-station dialysis area should enable patients to talk to one another
- A balance should be struck between patient privacy & patient/patient social interaction
- Teams should allow for the future expansion of the dialysis service
- The waiting area can become very busy at changeover times and should be large enough to accommodate two shifts of patients.
- Adequate adjustable lighting should be installed on walls and ceilings for use by staff carrying out procedures and by patients for reading, writing etc.
- The dialysis area should have plenty of natural daylight with an outside view. Natural lighting is important to human well-being.

The image below was taken inside the current Rochdale Dialysis Unit (located within a former nightingale ward based in Rochdale Infirmary), demonstrating that the aforementioned points are not being met.



1.3) Patient Pathway

The current patient pathway, as demonstrated below, requires patients to travel to Salford for many more services than is necessary.



At the beginning of the patient pathway all services are provided locally, however as patients approach the middle of the pathway (the pre-dialysis stage of Chronic Kidney Disease) they must begin attending Salford Royal for monitoring under the Advanced Kidney Care Service (AKCS). As patients kidney function declines their level of monitoring increases, meaning more frequent visits to Salford Royal at a time when patients are at their most unwell and when psychologically they are at their most vulnerable.

Post-transplant patients can also be classified as being in the middle of the patient pathway, although they are at the opposite end of the 'wellness' spectrum to the aforementioned AKCS patients. Post-transplant patients are patients who have received a kidney transplant, so do not require dialysis, however do require frequent monitoring to ensure early intervention is given if a transplant appears to be failing. As this patient group tend to be younger & fitter they are more likely to go back work and become economically independent; therefore it is very difficult for these patients to find the time to travel the long journey to & from Salford Royal to attend the post-transplant review clinic.

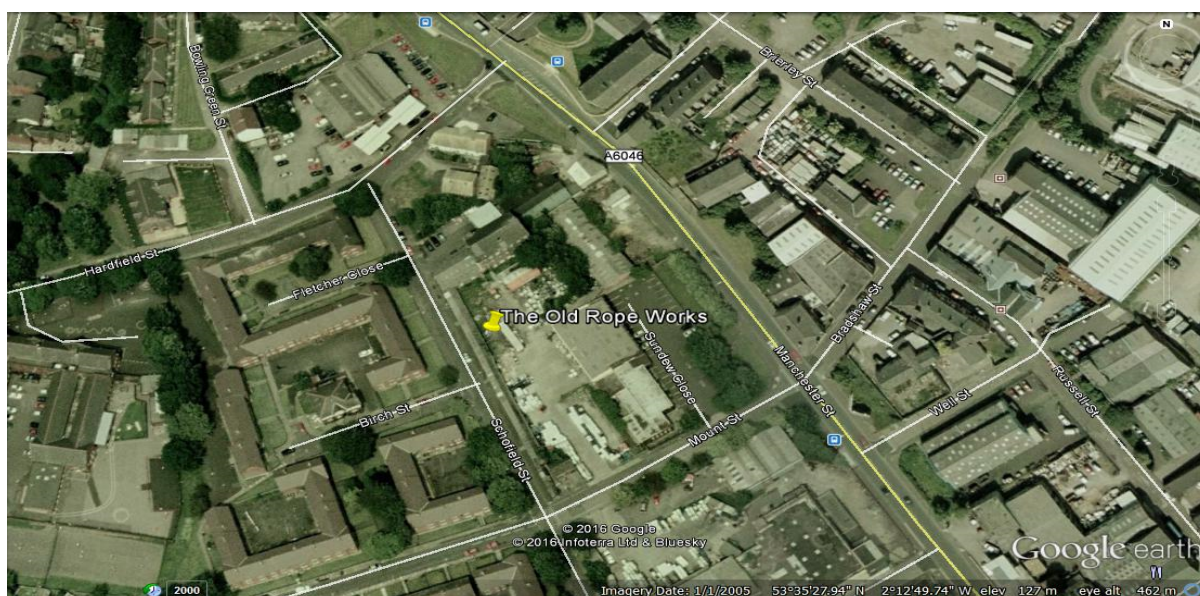
The inability to access local care during the middle of the patient pathway is reflected in the specialist clinic high DNA (Did Not Attend) rates for the AKCS & Transplant patients; as patients attending specialist clinics at Salford Royal who live outside the Salford CCG catchment area are far less likely to attend than patients who actually reside in Salford. This DNA problem is compounded by the lack of transport provision for these patient groups, as AKCS and Transplant patients are not automatically entitled to free NHS transport unlike patients on haemo-dialysis.

Patients at the end of the Chronic Kidney Disease pathway are once again able to access care locally, either by receiving a form of Renal Replacement Therapy at home or haemo-dialysis at their nearest dialysis unit (dependant on clinical fitness and patient choice).

2) Proposed System

2.1) Geographical Location

In order to create a Kidney Care Centre for both Rochdale & Bury residents, Salford Royal are proposing to relocate the current Rochdale Dialysis Unit, based in Rochdale town centre, to Heywood at no cost to commissioners. The below image is an aerial view of a potential site that has been identified in Heywood. The area is a former industrial site which will require the erection of a new building, as opposed to the conversion of an existing building into a healthcare facility. It is anticipated the new facility will take 18 – 24 months to complete; until that time services will continue to be provided as per the current model.



Moving the Rochdale Dialysis Unit to Heywood will make haemo-dialysis more accessible for Bury patients, who do not have a dedicated dialysis facility, without significantly impacting Rochdale patients; which has been assessed through a patient postcode mapping exercise. The below table shows the results of the postcode mapping exercise, highlighting the difference in the number of miles that would be travelled by both Rochdale & Bury dialysis patients if the Rochdale unit were to move to Heywood.

Rochdale Dialysis Population					
Patient Post Code	No of Patients	Miles to & from Heywood Unit (per patient)	Variance to current miles travelled	Total miles variance per day (round trip)	Total miles variance per annum (round trip)
OL12	19	15.64	3.29	125.02	19,503
OL15	7	21.24	5.20	72.8	11,357
OL16	13	13.02	2.30	59.8	9,329
OL10	5	2	-4.25	-42.5	-6,630
OL11	11	5.78	-0.54	-11.88	-1,853
M24	6	6.28	-2.22	-26.64	-4,156
Total	61	11.91		176.6	27,550

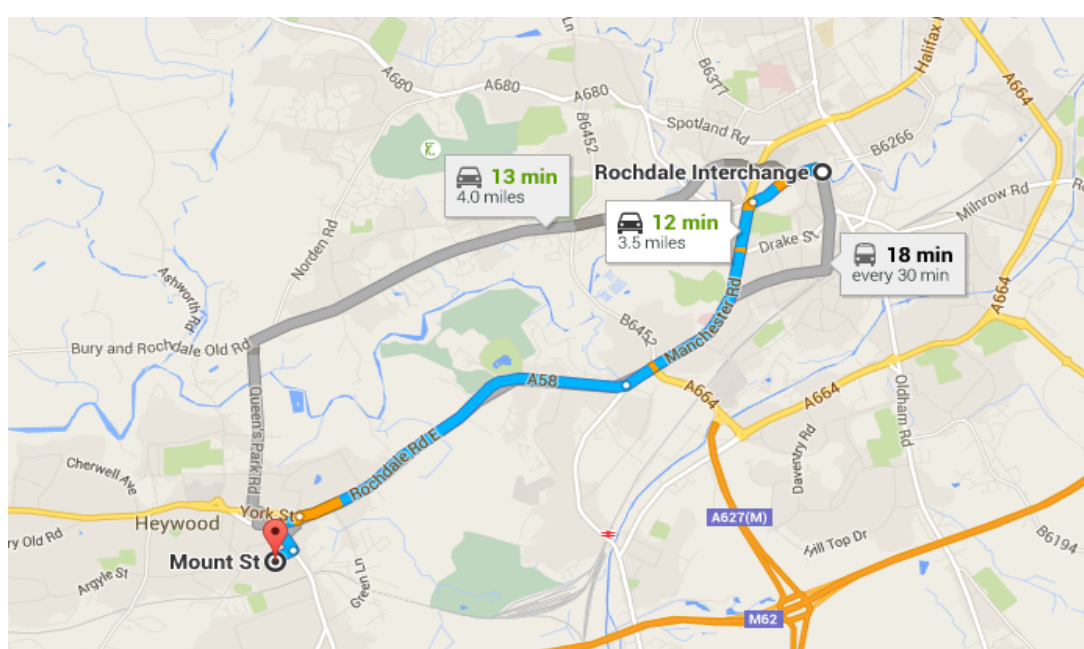
Bury Dialysis Population					
Patient Post Code	No of Patients	Miles to & from Heywood Unit (per patient)	Variance to current miles travelled	Total miles variance per day (round trip)	Total miles variance per annum (round trip)
BL8	4	14.98	-5.80	-46.4	-7,238
BL9	11	8.68	-5.06	-111.32	-17,366
M45	5	12.02	-3.81	-38.1	-5,944
Total	20	10.78		-195.82	-30,548

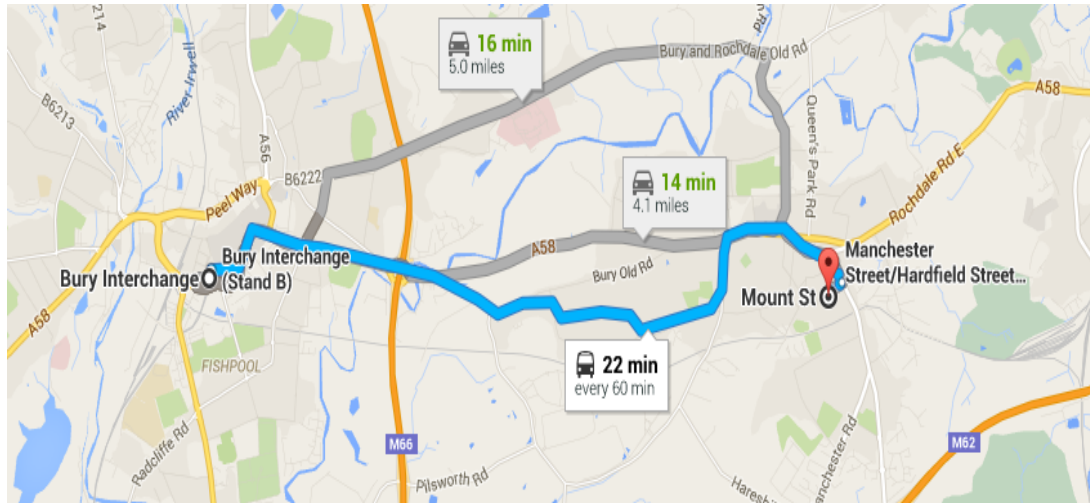
The results show that 39 Rochdale dialysis patients would be slightly disadvantaged by the unit move, however a further 22 Rochdale patients would actually benefit from the move as well as 20 dialysis patients from Bury. On reviewing the data for both Bury & Rochdale collectively (below) the results show the number of miles saved per day is 19 with 3,000 miles of patient travel being saved per annum.

Bury & Rochdale Dialysis Population					
	No of Patients	Miles to & from Heywood Unit (per patient)	Variance to current miles travelled	Total miles variance per day (round trip)	Total miles variance per annum (round trip)
Grand Total	81	11.63		-19.22	-2,998

As transport to and from all 5 of Salford Royal's units is provided by SRFT free of charge it is anticipated any additional patient travel costs associated with the unit move will be minimal.

Other transport links have also been taken into consideration when assessing potential sites for a new joint Bury/Rochdale unit (as detailed within Appendix 2); the below images show the public transport routes from both Rochdale and Bury town centres to the new site. The proposed new Rochdale Kidney Care Centre site in Heywood is located 3.5 miles from Rochdale town centre and 4.1 miles from Bury town centre.





2.2) Patient Facilities

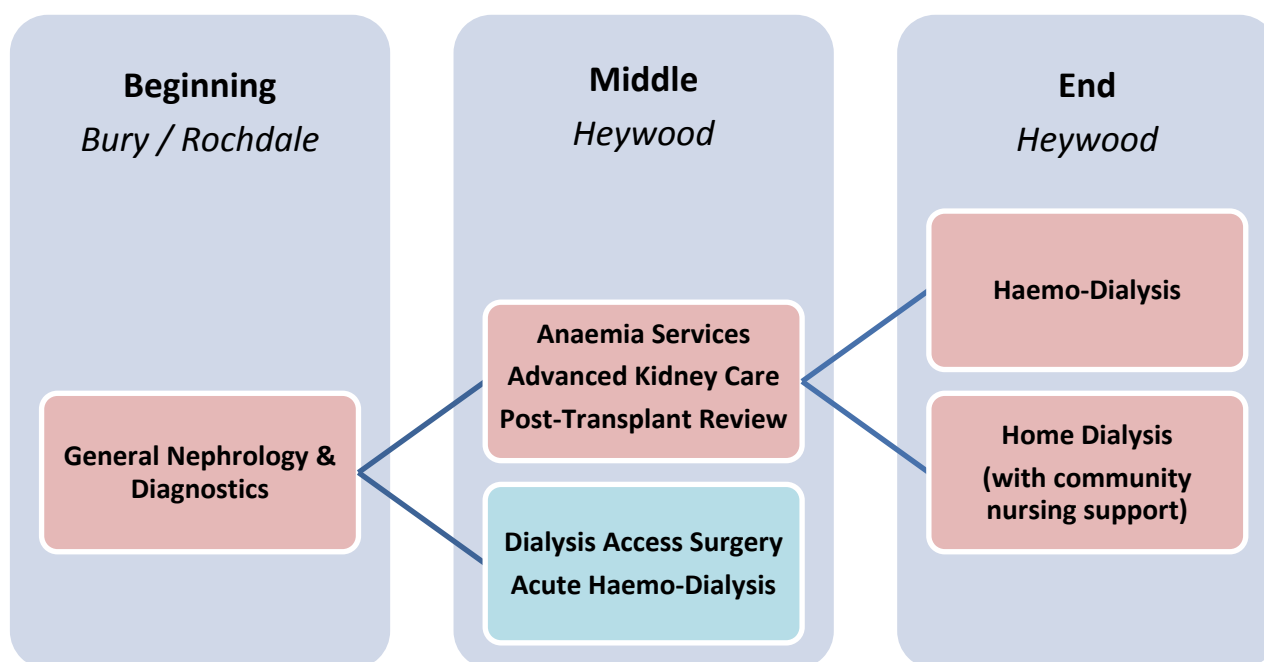
In addition to distributing services more evenly for Bury & Rochdale residents, a new unit will allow the development of a modern facility within the Rochdale borough with free dedicated parking for both dialysis and clinic patients.



The facility will also include 20 chaired stations, 18 of which will be used for dialysis with the other 2 being used for IV iron infusions. The unit will also include 4 examination rooms to house specialist outpatient clinics locally.

2.3 Patient Pathway

In addition to providing a better unit in a more equitable location, SRFT would like to transform the Rochdale Dialysis Unit into a Kidney Care Centre, where the majority of patient care is delivered locally by one team at one location. The difference between a Kidney Care Centre and a Dialysis Unit is that a Kidney Care Centre provides specialist Renal outpatient clinics, daycase procedures and dialysis locally under one roof, as opposed to just dialysis, as demonstrated in the diagram below:



As the Kidney Care Centre model is already in operation at Bolton & Salford, and is in the process of being rolled out to Oldham, Bury & Rochdale patients will have the choice of attending any SRFT-led Unit, as opposed to just the Rochdale Kidney Care Centre; meaning patients can fit their care around their lives, as opposed to their lives around their care. The provision of diagnostics will follow the patient, therefore regardless which SRFT-led unit the patient chooses diagnostic services will be provided locally, which includes the proposed Rochdale Kidney Care Centre.

As to not increase travel time for patients at the beginning of the pathway (General Nephrology & Diagnostics), SRFT propose to retain these clinics and diagnostics at their current localities of Fairfield General & Rochdale Infirmary. SRFT also aim to repatriate any Bury & Rochdale patients who have been attending Salford Royal's General Nephrology service, due to previous capacity issues at Fairfield & Rochdale, back to their local service in a bid to reduce patient travel by 15,000 miles per annum (as shown below).

Clinic Type	Patient CCG	Current Location	No of Appts	Proposed Location	Transport Mileage Saved per Annum
General Nephrology Clinics	Bury	Fairfield General	545	Fairfield General	0
		Rochdale Infirmary	43		533
		Royal Bolton	44		792
		Salford Royal	277		7,867
General Nephrology Clinics	Rochdale	Rochdale Infirmary	1,483	Rochdale Infirmary	0
		Royal Oldham	19		239
		Fairfield General	118		1,463
		Salford Royal	114		4,150
Total			2,643		15,045

SRFT propose to move the Rochdale-based anaemia service, which currently serves both the Bury & Rochdale populations, to the new Rochdale Kidney Care Centre based in Heywood to make accessing the service more equitable for Bury residents. SRFT also aim to repatriate any Bury & Rochdale patients who have been attending Salford Royal for anaemia treatment, due to previous capacity issues at Rochdale, to the local service in a bid to reduce patient travel by 2,000 miles per annum (as shown below).

Clinic Type	Patient CCG	Current Location	No of Appts	Proposed Location	Transport Mileage Saved per Annum
IV Iron Daycase	Bury	Rochdale Infirmary	35	Rochdale	245
		Salford Royal	45	Kidney Care	918
IV Iron Daycase	Rochdale	Rochdale Infirmary	160	Rochdale	-1,120
		Salford Royal	58	Kidney Care	2,111
Total			298		2,154

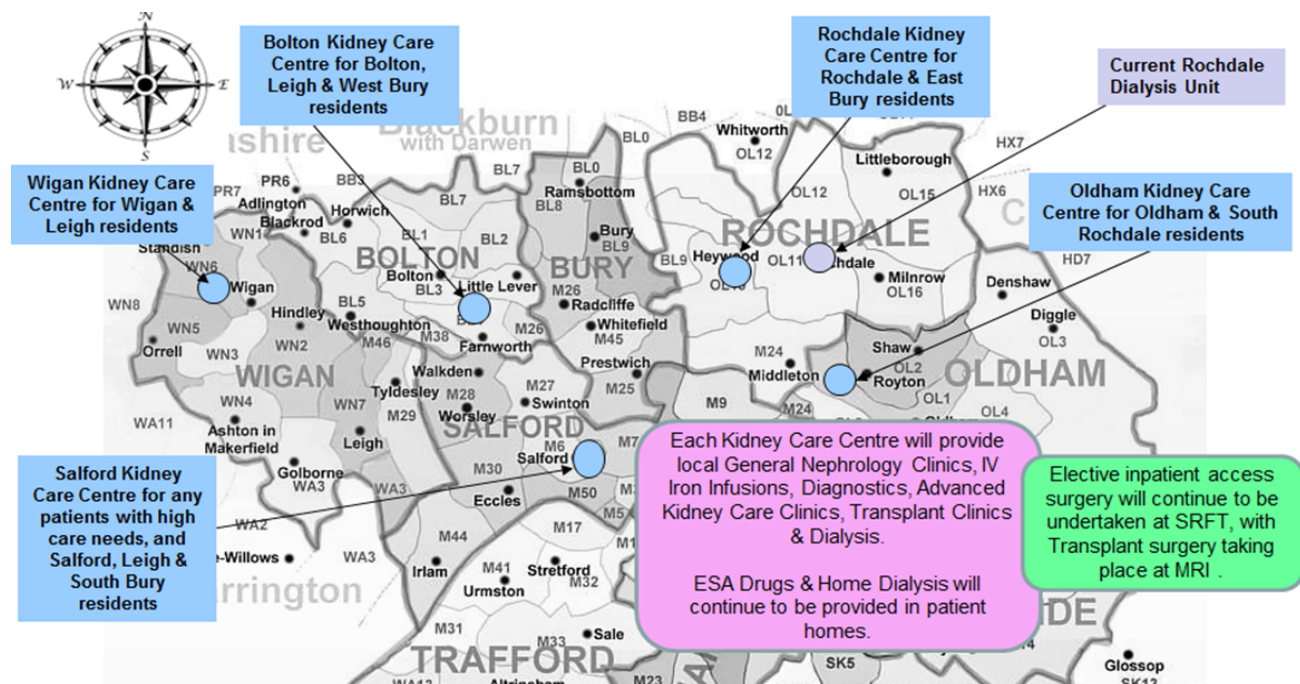
To give patients the ability to access care locally during the middle of their pathway, SRFT propose to repatriate the specialist Advanced Kidney Care & Post-Transplant clinics to the Rochdale Kidney Care Centre. This not only benefits patients by reducing travel by 35,500 miles per annum (as shown below), but should also reduce the patient DNA rate thus improving both care and patient experience.

Clinic Type	Patient CCG	Current Location	No of Appts	Proposed Location	Transport Mileage Saved per Annum
Post-Transplant Clinics	Rochdale	Rochdale Infirmary	0	Rochdale Kidney Care Centre	0
		Royal Oldham	0		0
		Salford Royal	241		8,772
	Bury	Fairfield General	0	Rochdale Kidney Care Centre	0
		Rochdale Infirmary	0		0
		Salford Royal	220		4,488
Pre-Dialysis (Advanced Kidney Care) Clinics	Rochdale	Rochdale Infirmary	0	Rochdale Kidney Care Centre	0
		Royal Oldham	0		0
		Salford Royal	422		15,361
	Bury	Fairfield General	0	Rochdale Kidney Care Centre	0
		Rochdale Infirmary	0		0
		Salford Royal	338		6,895
Total			1,221		35,516

In addition to cohorting services under one roof, Renal Services also plan to cohort clinical teams at single locations. This will ensure that the number of clinicians a patient sees throughout their long-term condition is kept to a minimum; which will hopefully provide continuity for patients and clinicians, reduce the chance of failed communication during handovers, minimise process delays and improve clinical safety & patient experience.

The Kidney Care Centre model would allow embedded shared leadership between nephrologists and primary care providers to co-design and implement innovative solutions for prevention of Acute Kidney Injury (AKI), virtual surveillance, slowing of progression of Chronic Kidney Disease (CKD) and safe discharge of stable patients to primary care (further details provided within Appendix 1).

As Chronic Kidney Disease is a long-term, essentially life-long, condition it is felt that patients will receive a far better experience being under the care of one clinical team, and in the main being seen in one local unit throughout their kidney care pathway, as demonstrated within the diagram below:



3) Costs

3.1) Funding Arrangements

As the Rochdale Dialysis Unit is already run by Fresenius Medical Care (FMC) on behalf of SRFT, FMC will provide the necessary capital investment required. FMC will then receive revenue each month to cover the cost of the investment by charging SRFT a sessional rate for patient treatments.

FMC have confirmed it is not financially viable for the existing Rochdale Renal Unit to be replaced on the existing site in Rochdale town centre, as the project relies on Bury patients coming from the overstretched Bolton unit, to see the necessary economies of scale to effectively fund part of the development.

4) Future Solution

4.1) Problems & Solutions

Item	Problem	Solution
Geographical Location	No dedicated haemo-dialysis unit for Bury patients, meaning Bury will block Rochdale dialysis slots & in-turn Rochdale patients will be displaced to Oldham	Build a unit in between Rochdale & Bury (Heywood) that is large enough to house both patient groups
Patient Facilities	Rochdale Dialysis Unit is not fit for purpose and does not comply with Health Building Note Satellite Dialysis Unit guidance	Build a state of the art modern facility that better serves both the Bury & Rochdale patient populations
Patient Pathway	Bury & Rochdale patients are only offered local care at the beginning and end of their Chronic Kidney Disease pathway, not in the middle.	Transform Rochdale Dialysis Unit into a Bury/Rochdale Kidney Care Centre and repatriate general & specialist clinics to the centre. The majority of patient care will then take place at one location by one local Kidney Care clinical team. The repatriation of services will save a total of 56,000 miles per annum of patient travel.
Strategic co-design of Kidney services (Appendix 1)	Both Rochdale & Bury have a large number of ethnic minority people in younger age groups, meaning large numbers of patients reaching end-stage Renal failure and waiting longer for transplantation.	Ask the aforementioned local Kidney Care clinical team to deliver effective preventative interventions in partnership with local primary care and third sector leaders.

5) **Summary and Next Steps**

5.1) **Summary**

It is proposed a dedicated Kidney Care Centre is created for patients in Bury & Rochdale, delivered from a new state of the art facility in Heywood, and supported by a single integrated team. This will deliver significant benefits, including a better pathway for patients with kidney disease, improved access, and better facilities within which care is provided.

5.2) **Approvals and Public Engagement**

The proposed service changes have been considered and are supported by:

- Kidney Care UK: *endorsed model and approach*
- Bury CCG Clinical Cabinet (1st June 2016): *agreement given in principle*
- NHS England (August 2017): *agreement in principle subject to meeting reconfiguration tests*
- North East Sector Clinical Services Transformation Programme Board (19th July 2017): *agreement given in principle by all of the North East sector CCGs*
- Heywood, Middleton & Rochdale CCG System Transformation Committee (4th August 2017): *agreement given in principle*
- Heywood, Middleton & Rochdale CCG Governing Body (15th September 2017): *formal approval*

As the Renal service is very bespoke to the population with kidney disease, it is proposed that a local consultation is undertaken with current dialysis patients to ensure the views and concerns of affected patients are considered before the proposed changes are enacted.

Consultation material have been produced in conjunction with the Kidney Care Patients Association, which fully supports the proposed approach and the anticipated benefits of fully integrated and local care, a dedicated clinical team and a state of the art facility outweigh the fact that for a minority of patients the location is further from where they live.

Assuming dialysis patients are supportive of the proposal, the intention would be to proceed with the project and run patient engagement sessions over the next 18 – 24 months to keep patients informed and able to make further service improvement suggestions.

5.2) **Recommendations**

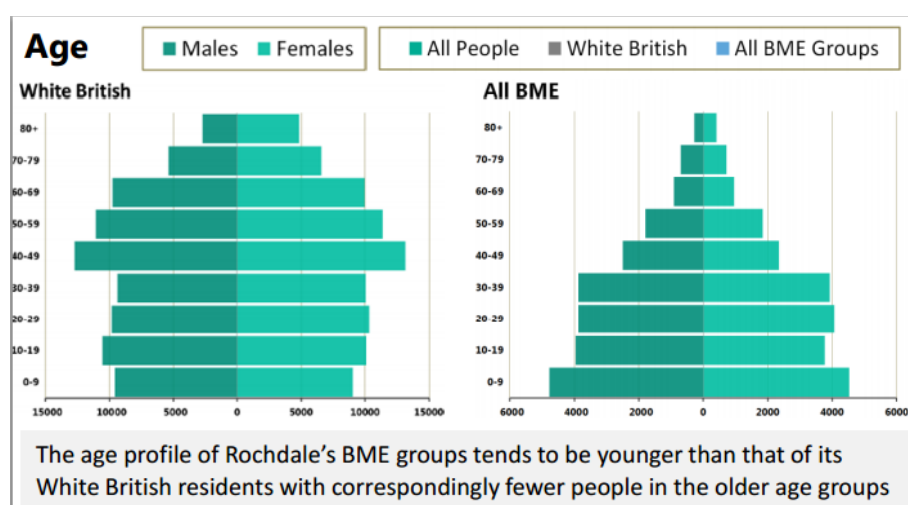
The Joint Health Overview and Scrutiny Committee are asked to:

1. Endorse the decision of the Rochdale and Bury governing bodies to support the development of a fully integrated kidney care service for Rochdale and Bury patients provided from a new state of the art facility in Heywood.
2. Support the proposed approach to local patient engagement and consultation.

Appendix 1

Strategic co-design of joined up Kidney Care with Primary Care partners

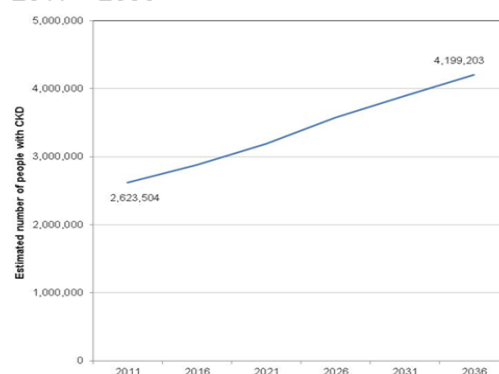
Rochdale's 2011 census data highlights a potential 'ticking time bomb' for the borough, with large numbers of ethnic minority people in younger age groups. Kidney disease is 5 times more common in ethnic minority communities. Unfortunately national data shows that ethnic minority CKD patients also reach end-stage kidney disease (e.g. at a cost of £22k per annum) around 8 years earlier than their white counterparts. In addition, due to available organs and the organ matching requirements, they take longer to receive a cadaveric transplant than age-sex matched white patients. Local Rochdale dialysis patient satisfaction survey data from 2012/3 showed that 41% of the prevalent population were of ethnic minority origin.



Bury also has a number of challenges relating to the future potential burden of high cost kidney care; it has a high expected CKD prevalence (6-8.3% PHE Estimates 2014) and national estimates suggest significant growth in numbers with CKD over the next 3 decades.

- Simple estimates of CKD prevalence have been calculated up to 2036. These estimates are based on the projected population increase and assume no change in the age – specific prevalence of CKD stage 3-5 and no improvement in the prevention and management of CKD stage 3-5.
- Between 2011 and 2036 the prevalence of CKD stage 3-5 among people aged 16 years and over is expected to increase to 4.2 million or 8.3%.

Projections of growth in expected number of people in England with CKD stage 3-5, 2011 – 2036



*Source National Cardiovascular Intelligence Network 2014

In addition, only two fifths of cases of hypertension (a leading driver of age related vascular CKD) in the Bury borough are estimated to have been identified (2011 modelling estimates). There is also a significantly younger ethnic minority population in Bury, which poses the same future issues faced by Rochdale in relation to patients reaching end-stage renal failure sooner and waiting longer for transplantation.

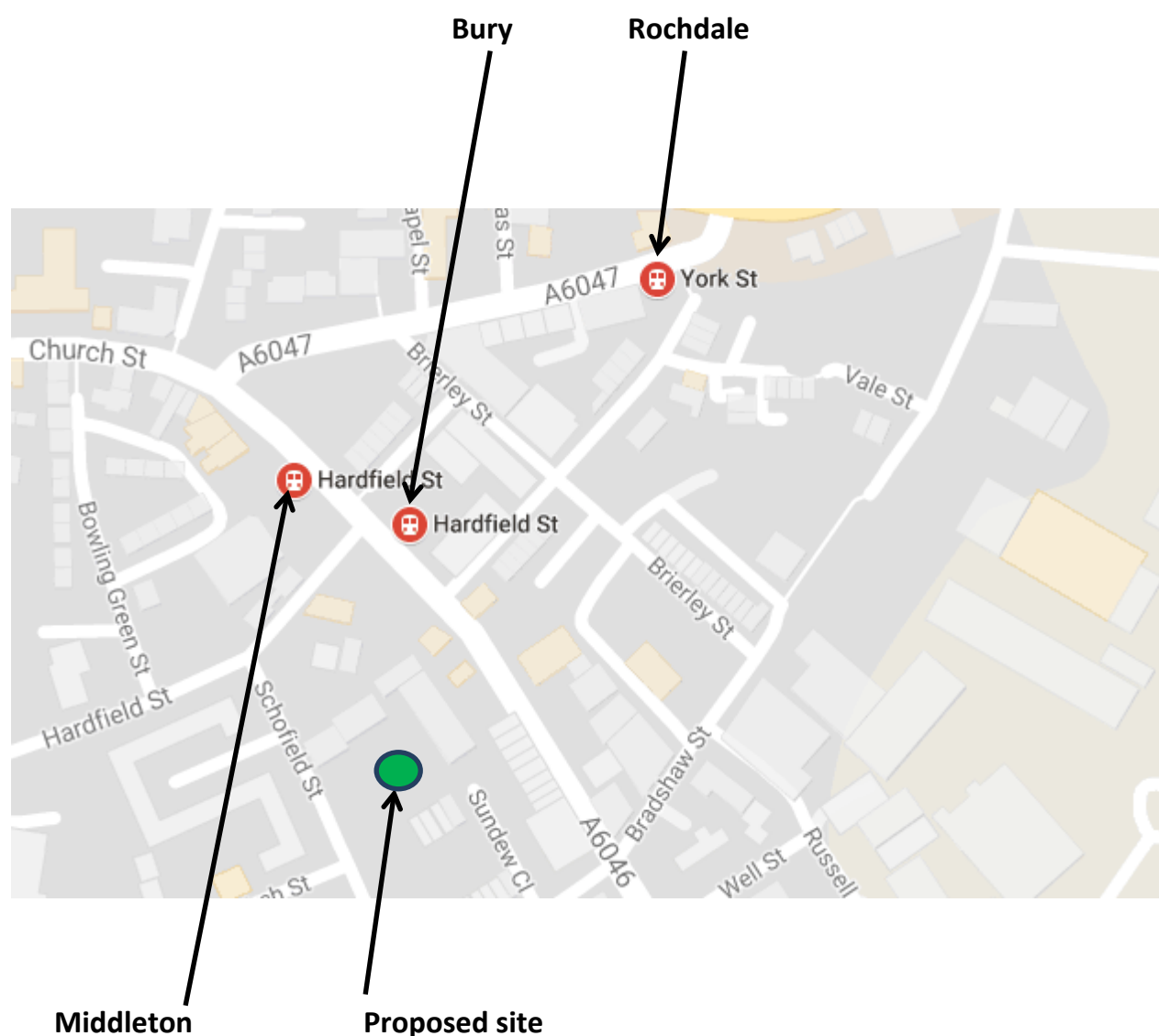
Opportunities exist within both Bury & Rochdale to change the local disease profile, by working across the patient pathway, in areas such as community-wide BP initiatives and through innovative solutions researched in other significant ethnic minority communities (such as kidney and diabetes peer educators). Moving to a joint Bury & Rochdale Kidney Care Centre model would facilitate an embedded Nephrology team who would work on articulating and delivering the strategy to deliver effective preventative interventions in partnership with local primary care and third sector leaders through Strategic Joint Working Boards with each CCG. Board discussions are ongoing Oldham CCG, who are in the process of moving to a Kidney Care model, and it is felt SRFT clinicians can enable shared learning and best practice across Strategic Boards to ensure outcomes are maximised throughout the Greater Manchester North-East sector.

Appendix 2

Public Transport to Heywood Kidney Care Centre

Buses

Buses from Bury and Rochdale (as well as Middleton) are located behind the proposed site in Heywood, as shown the following image:



Journey details, including distance and cost, from both central Rochdale and Bury are detailed below:

Rochdale

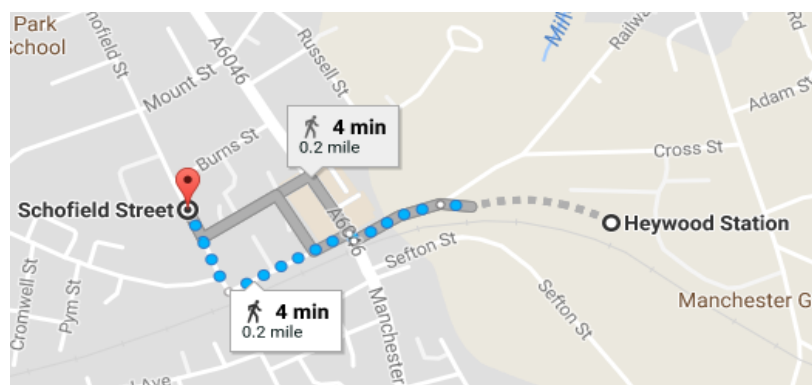
Nearest Bus Stop:	York Street	<i>(471 bus route)</i>
Distance from Rochdale Interchange:	3.8 miles	
Time from Rochdale Interchange:	17 minutes	
Frequency of Bus Service:	Every 30 mins	
Price of Bus Ticket:	£2 - £3	

Bury

Nearest Bus Stop:	Hardfield Street	<i>(163 bus route)</i>
Distance from Bury centre:	3.9 miles	
Time from Bury centre:	20 minutes	
Frequency of Bus Service:	Every 30 mins	
Price of Bus Ticket:	£2 - £3	

Trains

The proposed site is a 4 minute walk from Heywood Train Station (0.2 miles), however as the station is predominantly used for leisure activities, as opposed to commuting, the frequency of service varies dependant on the time of year; thus patients would be discouraged from travelling via train to the proposed site.



There are no tram stops in Heywood.

Appendix 3

Key Contacts

Salford Royal NHS Foundation Trust

- Vicki Tipper, Senior Manager Renal Services vicki.tipper@srft.nhs.uk
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- Craig Sharples, Commissioning Manager craig.sharples@srft.nhs.uk

Heywood, Middleton & Rochdale CCG

- Jenny Hopes, Commissioning Project Manager jennifer.hopes@nhs.net
- Sonal Sharma, Clinical Lead Cardio-vascular Disease sonalsharma@nhs.net

NHS England

- Alison Deveney, Business Project Manager alison.deveney@nhs.net

Bury CCG

- Catherine Tickle, Joint Commissioning Manager catherine.tickle@nhs.net
- Fin McCaul, Clinical Lead fin@mccaul.eu
- Kiran Patel, Bury CCG Chair kiran.patel5@nhs.net

Pennine Acute Trust

- Steve Taylor, Managing Director Bury & Rochdale Care Organisation, steve.taylor@pat.nhs.uk

Patient Representative

- Rob Finnigan, NW Advocacy Officer BKPA rob.finnigan@britishkidney-pa.co.uk