



# Relocation of Rochdale Renal Unit, based within Rochdale Infirmary, to Heywood

Jack Sharp  
Smeeta Sinha

Joint Health Oversight and Scrutiny Board (Pennine  
Acute)  
3<sup>rd</sup> October 2017



## Purpose:

- Improve Renal Services for both Bury & Rochdale Residents
- Local clinicians providing local care for local patients

## Scope of Project:

- Re-provision of Rochdale Haemo-dialysis service to Heywood
- Creation of joint Bury & Rochdale Kidney Care Centre in Heywood
- Repatriation of Specialist Services from Salford to joint Bury & Rochdale Kidney Care Centre



## Areas of Consideration

- **Patient Demographics & Demand**

- Rochdale and Bury are projected to have significant growth in demand for CKD and dialysis services
- Rochdale ethnic minority prevalence up to 41% (patient satisfaction survey data 2012/13)
- Ethnic minority populations reach ESRD 8 years earlier than Caucasian counterparts
- Bury has high expected CKD prevalence ( 6-8.3% PHE estimates 2014)
- Unidentified burden of hypertension in Bury Borough (National Cardiovascular Intelligence Network 2011); hypertension is the leading cause of CKD/ESRD
- Younger ethnic minority population in both Rochdale and Bury
- Identification of local effective preventative interventions in partnership with local primary care and third sector leaders of Oldham Kidney Care Board



## Other Areas of Consideration

- **Satellite Unit Facilities & Staffing**

- Proposal requires sufficient volume of patients to create a critical mass to enable specialist services to be brought from Salford and patients repatriated from Bolton – this requires an accessible location for Bury and Rochdale patients
- Majority of satellite Renal units are not based within hospital grounds as they are not interdependent with acute hospital services
- Relocating the unit to Heywood improves travel time for pre-dialysis & post-transplant patients by 56,000 miles per annum
- Staff & visitors prefer to be based off-site as there is free car parking and better access & facilities



# Four Tests of Service Reconfiguration

- **Strong public and patient engagement:**
  - *Support from Kidney Care UK (aka BKPA)*
  - *Local consultation letter drafted*
- **Consistency with current and prospective need for patient choice:**
  - *Enables patients to receive care closer to home rather than travelling to Salford*
  - *Choice of Kidney Care Centres in Salford, Oldham, Bolton, Wigan & Rochdale (Heywood)*
- **Clear, clinical evidence base:**
  - *Delivery of a co-ordinated, reliable anaemia service (NICE guidance NG8)*
  - *Kidney Diseases Improving Global Guidelines (KDIGO) CKD Guidelines 5.2 recommend CKD management in a multi-disciplinary setting with access to dietary advice, RRT counselling, transplantation, timely vascular access, ethical, psychological and social support*
- **Support for proposals from commissioners:**
  - *Formal discussions have been ongoing with NHSE, Bury CCG & HMR CCG since Jan 2016*

# Equality Impact Assessment

Equality Group	Positive Impact (benefits)	Negative Impact (disadvantage) or potential negative impact	Please rate each negative impact 'low', 'medium' or 'high'
Disabled People	Bespoke ground floor Kidney Care Centre with dedicated disabled parking immediately outside the unit doors	N/A	N/A
Black & Racial Minority People	Larger unit will future proof the growth of CKD patients within this population demographic.	N/A	N/A
Older People (60+)	Services will be repatriated from SRFT to the local area making them more accessible for older people (31,000 miles of patient travel to be saved per annum)	N/A	N/A
Younger People (17-25) and Children	Potential for the Young Adult Clinic specialist nurse to conduct Kidney Care Centre site visits to review younger patients who require more intensive support locally.	N/A	N/A
Deprived Groups	There will be dedicated free patient car parking which is not currently offered within the existing service model	N/A	N/A

# Rochdale Patient Benefits

- Per Annum the following clinic appointments will take place locally instead of Salford Royal:
  - **422 pre-dialysis appointments**  
*Local care would benefit this group of patients, as at this stage of the pathway patients are at their most unwell and psychologically at their most vulnerable.*
  - **241 post-transplant appointments**  
*Local care would benefit this group of patients, as at this stage of the pathway patients are more likely to return to work and find it difficult to attend frequent clinic appointments.*



## Bury Patient Benefits

- Over 550 appointments can now take place nearer to Bury
- Patients no longer travelling to Salford and Bolton for dialysis
- Continuity of care from bespoke clinical team



# Kidney Care UK Feedback

*I welcome the proposed relocation of the Rochdale dialysis unit to a new facility in Heywood. The move not only addresses patient demographic issues across North Manchester but also provides an opportunity for Salford Royal's Renal Department to further expand its network of Kidney Care Centres which in turn will provide consistency of treatment, local access to members of the renal MDT and avoid the need to travel to Salford Royal for regular clinic appointments.*

*Patients will benefit enormously from the 'one-stop' approach of the Kidney Care Centre clinics in a contemporary and purpose-built building and I wholeheartedly support this proposal.*

**Rob Finnigan**

**Kidney Care UK Patient Advocacy Officer (North-West)**

# Summary

Item	Problem	Solution
<b>Patient Pathway</b>	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.
<b>Strategic co-design of Kidney services</b>	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.
<b>Geographical Location</b>	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
<b>Patient Facilities</b>	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



# Discussion, Next Steps & Timeframes