

**YORKSHIRE AND THE HUMBER  
RENAL STRATEGY GROUP**

**Minutes of the meeting held on 31 March 2014  
Hatfield Hall, Wakefield WF3 4JP**

**Present:**

John Stoves (Chair)	Consultant Nephrologist, Bradford Teaching Hospitals NHS Trust, & Renal Clinical Lead for Yorkshire & the Humber Strategic Clinical Network (Y&H SCN)
Zoe Ardern	Service Improvement Analyst, Y&H SCN
Judith Bird	Quality, Safety & Patient Experience Manager, Y&H SCN
Dave Border	Clinical Lead, York Hospitals NHS Foundation Trust
Rebecca Campbell	Quality Improvement Manager, Y&H SCN
Kath Cope	Quality Improvement Lead, Y&H SCN
Martha Coulman	Assistant Director of Service Improvement, NHS Doncaster
Clare Hillitt	Strategic Clinical Network Manager, Y&H SCN
Sarah Hope	Administrative Assistant, Y&H SCN
Sarah Jenkins	Nephrologist, Sheffield Teaching Hospitals NHS Trust
Julia Jessop	Strategic Clinical Network Manager, Y&H SCN
Sarah Naudeer	Clinical Lead, Hull & East Yorkshire Hospitals NHS Trust
Jackie Parr	Specialised Commissioning - Service Specialist, NHS England
Linda Pickering	Patient Advocacy Officer, National Kidney Federation
Russell Roberts	Clinical Lead, Bradford Teaching Hospitals NHS
Ian Stott	Clinical Lead, Doncaster & Bassetlaw NHS Trust

**1. Apologies:**

Emma Dunn                      Clinical Lead, Leeds Teaching Hospitals NHS Trust

**Action**

**Welcome and Introductions**

JS welcomed all to the meeting and everyone made introductions round the table.

**2. Minutes of last meeting held on 16.12.13**

The minutes were agreed to be an accurate record with no comments made.

**3. Matters Arising not on the agenda**

*Supporting Young Adults*

John Stoves reminded the group that Anna Hemens, Renal Young Persons Key Worker, attended the last meeting in December and gave a talk on being an adult support worker which is a powerful role within the renal teams. In particular it was noted that the funding for this post is due to run out in June 2014 and views were sought on the potential for a regional model.

It was noted that Anna is covering a huge area from Grimsby to Huddersfield including Wakefield and Leeds. Ian Stott highlighted that Sheffield and Doncaster are not covered by the post and that the service would like support but do not currently have young adult workers. Sheffield receives patients from the Nottingham Children's Service so a regional post would be difficult. It was not known whether funding has been secured for the Nottingham Young Persons Key Worker.

Local based non disease specific Young Persons Key Workers would be a possibility but budgets are an issue and Trust-wide agreement would be required. It was said that it would be easier to fund a worker combining the role with other specialities

Clare Hillitt highlighted that there is a Transition Service Specification under development. Both the renal and transition service specifications should be checked for content in relation to transition. It was also noted that the group should feedback as part of the service specifications consultation.

Martha Coulman agreed to check whether transition is in the long term conditions CCG work. As this is a provider issue then it should be in contracts.

MC

Resource allocation has issues as it is the hospital that looks after it. Services are specific so they need to check if transition is within their model

As there was no representative at the meeting from Leeds, it was agreed that an update with regards to the funding position for this post should be obtained.

John reported on plans to invite Helen Collinson to attend a future meeting to update on developments in Hull.

Clare will look at service specification for children to see about transition. There is a national meeting on 2<sup>nd</sup> April so hopefully more information may be available.

CH

Julia Jessop and Rebecca Campbell will do a scoping exercise to find out information.

JJ/RC

#### *Yorkshire Dialysis Decision Aid*

John reported that plans were ongoing to include palliative and conservative care within YoDDA. Further information will be shared as it becomes available

JS

#### *Shared Decision Making & Discussion Maps*

John updated the group on the work undertaken in Bradford in relation to these NHS Kidney Care funded projects. An update by Dr Ramla Mumtaz is due for circulation.

In relation to the discussion maps, the group was largely unaware of these and there had been limited use across the region. There was some interest in accessing these and it was agreed that Rebecca would determine whether any are still available.

RC

The use of the NHS Kidney Care funded E Kiosks was also raised. These have been accessed in some but not all units and have yet to be fully implemented.

#### *Patient Transport*

Dave Border reported that the interface problem with Leeds and Harrogate is still ongoing. It was not known whether the report to the CCG Collaborative meeting had been discussed. Dave and John offered to attend the meeting if that was possible and appropriate. Clare agreed to check and provide Rebecca with an update.

CH

#### *MDFIT*

John provided a brief update on this assurance tool.

### **Strategic Clinical Network (SCN) Developments**

#### *1) Update on appointments*

Clare Hillitt provided an update. It was reported that Alison Bagnall and Clare Hillitt have now handed over the whole of CVD to Julia Jessop from the 1<sup>st</sup> April 2014. The structure for the CVD Quality Improvement Managers and Quality Improvement Leads has now

changed and the leads for Renal are Rebecca Campbell, Quality Improvement Manager, and Kath Cope, Quality Improvement Lead.

### *2) Development of Y&H Structures and Terms of Reference*

Clare referred to a letter from Ian Golton in March which outlines plans of transition for the SCN.

With regards to the new structure, Clare reported that the Y&H SCN Oversight Group had met on the 14<sup>th</sup> February and was due to meet again in June. This group covers all SCN areas

Clare also outlined the development of sub-regional CVD Strategy Groups, the first of which will take place in South Yorkshire and Bassetlaw on 24<sup>th</sup> April. The group will meet quarterly and will replace the South Yorkshire Renal Local Implementation Group. CVD Strategy Groups have yet to be established in the other two areas and it was agreed that the other two LIGs will continue in the meantime.

There was some discussion regarding renal representation on the CVD Strategy Groups. John will eventually sit on all three groups but there were some concerns raised regarding how to appropriately represent the units in each area. Clare responded that all the Clinical Leads from all four CVD areas would represent the disease areas, alongside provider management and CCG representation. Ian Atkinson, who will chair the SYB CVD Strategy Group, and Julia Jessop are keen to meet with John prior to the first meeting to finalise the details.

### *3) Future of Renal Strategy Group*

Clare advised the group that this would be the last meeting of the Yorkshire and the Humber Renal Strategy Group. However, the group would evolve in to the Yorkshire and the Humber Renal Clinical Expert Group (CEG).

There followed a discussion regarding the membership of the CEG and it was agreed that it would largely be the people currently around the table. There was some discussion regarding whether the membership could be extended to include the broader multi-disciplinary team. Clare responded that the membership and terms of reference of the group would be developed by Julia following discussion with John.

Ian raised some concerns regarding maintaining and further developing links with CCGs. Clare suggested that these links would be through the CVD Strategy Group with reports from the CEG.

### *4) PPE Strategy*

It was noted that there are also concerns that renal patient representation is maintained within the new structure. Clare acknowledged that Linda Pickering has raised this matter. The intention is that HealthWatch will provide the patient voice at the CVD Strategy Group. Appropriate patient representation on the CEG also needs to be determined. Judith Bird informed the group that the YH SCN PPE Strategy has been circulated for comment and has yet to be signed off. Judith reiterated that it is important to have effective patient engagement and not to lose the existing well-established patient voice.

## **5. Specialised Services Update**

Jackie Parr provided a brief update on specialised services. The majority of the renal service specifications are currently out for consultation.

Sarah Jenkins reported that a number of small changes are required and that some of these are significant. For example, urgent PD access and 85% of patients commencing haemodialysis with vascular access.

There was a discussion regarding the 85% access which was felt to be inappropriate. The issue of patient choice was highlighted and it was highlighted that some patients are given access which is never used.

The view of the group is that nationally no units are achieving 85%, and if they are then it would be helpful to know how they are doing it, and that the target needs to be changed.

Jackie is aware of these concerns and has attempted to raise them to the national team. Jackie encouraged the clinical leads to feedback their views as part of the consultation. Comments should also be made through the Clinical Reference Groups (CRG).

Ian reported that the Doncaster was in derogation as the renal service will not achieve 85%. An action plan is in place but Ian is doubtful that 85% can be achieved. Jackie will check the Doncaster position as she was unaware of this.

JP

Clarification was sought regarding the definition of derogation. Jackie provided the following definition: Derogation is a temporary licence to continue to provide a service until such time as the provider meets the service specification and then it is made mandatory within the contract.

Jackie also informed the group that the dialysis away from base policy will be out to consultation shortly.

## **6. Renal Work Programme**

### **1.1 Metrics**

John presented the paper provided by Zoe Ardern, who gave apologies for leaving early.

The Group discussed the Transport Audit. Bradford is currently considering running a transport audit and views were sought as to whether there was scope for a regional audit. There were mixed views as transport in some parts of the region is working well and performance is monitored by the CCGs through key performance indicators. A decision was not reached.

### **1.2 Dialysis Capacity Survey**

Rebecca briefly presented the results of the dialysis capacity survey. Some amendments had been made since the last meeting. The data is largely consistent over the past 4 years and there is no great deviation from past responses. The only exception is in relation to Home Therapies where there is slight variation. The group were asked to consider the data but there were no comments noted.

### **1.3 Work Force**

The report from the work force component of the survey was also briefly discussed. Kath Cope has worked hard to produce this report and Rebecca asked for comments. It would also be helpful to know what further information is required and whether the format is of benefit.

There was a discussion regarding whether it would be helpful to look more broadly at staffing and undertake a regional piece of work on workforce planning. A survey of the MDT structures may be helpful. Although it was queried whether a regional report on workforce would have any influence at Trust Board level. A decision was not reached and further discussions are required.

## **7. Renal Work Programme**

**Acute Kidney Injury**

**Transplantation**

**Pre-existing Areas & Cross-cutting Issues**

There was insufficient time to discuss these areas. John gave a brief update and work is ongoing.

## 8. Patient and Public Engagement

Linda Pickering informed the group that there has been no progress in relation to the issue of the bedroom tax and the implications of this for home dialysis patients.

Linda also reported that plans are ongoing for the Dialysis Games which is scheduled to take place in York on 21<sup>st</sup> September.

## 9. Any Other Business

*PD Procurement* – Sarah Jenkins reported that there was no news on this issue which relates to contracts which are due to finish in November. There were concerns as a regional tender will take time and resources. Richard Fluck is aware.

*York/Whitby/Scarborough Developments* – It was agreed that Dave would circulate a written update. Dave informed the group that the plan is still for chronics to start from 1<sup>st</sup> April. The date of transfer for acutes has yet to be finalised. **DB**

*Repatriation of Transplant Medications to Secondary Care* – Jackie reported that there will be a phased implementation from 1<sup>st</sup> April. This will be project managed and Paul McManus is taking the lead. Any issues should be emailed to Paul. **ALL**

As this is already in place in Sheffield Sarah suggested that the pharmacists at STH would be happy to share their experiences if that would be of benefit.

*Journal Articles*– John referred to a recent article on improving patient safety in the Journal of Renal Nursing. This will be circulated. There are also interesting articles in the BMJ on Care.Data and GP Networks. **RC**

*CRG reports* – Will McKane has raised a couple of issues in relation to CRGs, these will be circulated outside of the meeting. **RC**

## 10. Date and Time of Next Meeting

It was agreed that the dates for 2014 would be held in diaries for the Clinical Expert Group. The next meeting will either be the first CEG meeting or a meeting to finalise plans for the CEG, depending on progress.

The meeting dates for the remainder of the year are therefore:

Monday 30<sup>th</sup> June 0915 -1115, Hatfeild Hall, Wakefield  
Monday 22<sup>nd</sup> September 0915 -1115, Hatfeild Hall, Wakefield  
Monday 15<sup>th</sup> December 0915 -1115, Hatfeild Hall, Wakefield