Yorkshire and the Humber Renal Clinical Expert Group Meeting  
Monday 22\textsuperscript{nd} September 2014 - Hatfeild Hall, Wakefield, WF3 4JP

Present:
- Rebecca Campbell: Quality Improvement Manager, Y&H Strategic Clinical Network (SCN)
- Andy Henwood: Patient (York)
- Sarah Jenkins: Nephrologist, Sheffield Teaching Hospitals NHS Trust (STHT)
- Elizabeth Lindley: Clinical Scientist, LTHT
- Keith McCulloch: Consultant Nephrologist, York Hospitals NHS Foundation Trust
- Sarah Naudeer: Clinical Lead, Hull & East Yorkshire Hospital NHS Trust
- Linda Pickering: Patient Advocacy Officer, National Kidney Federation
- John Stoves (Chair): Consultant Nephrologist, Bradford Teaching Hospitals NHS Trust, & Renal Clinical Lead for Y&H SCN
- Paul Taylor: Patient (WRKPA)

Apologies:
- Oli Anderson: Patient (Bradford)
- Dave Border: Clinical Lead, York Hospitals NHS Foundation Trust
- Bev Craggs: Renal Matron, Leeds Teaching Hospitals NHS Trust
- Emma Dunn: Clinical Lead, Leeds Teaching Hospitals NHS Trust (LTHT)
- Melinda Howard: Nurse Manager, York Hospitals NHS Foundation Trust
- Chis Lacey: Renal Dialysis Matron, Bradford Teaching Hospitals NHS Trust
- Will McKane: Consultant Nephrologist, STHT, YH Representative Dialysis Clinical Reference Group (CRG)
- Chas Newstead: Consultant Nephrologist, LTHT, Chair Dialysis CRG, YH Representative Transplant CRG
- Jackie Parr: Specialised Commissioning - Service Specialist, NHS England
- Russell Roberts: Clinical Lead, Bradford Teaching Hospitals NHS Trust
- Ian Stott: Clinical Lead, Doncaster & Bassetlaw NHS Trust

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<tr>
<th>AGENDA ITEMS</th>
<th>Action</th>
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<tr>
<td>1. Introductions &amp; Apologies</td>
<td>John Stoves welcomed all to the meeting and everyone made introductions round the table.</td>
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<td>2. Minutes from last meeting 30\textsuperscript{th} June 2014</td>
<td>Lizzi Lindley highlighted a correction for the minutes. The minutes were agreed to be an accurate record subject to the agreed correction.</td>
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<td><strong>Discussion Maps</strong></td>
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<td><strong>Payment by Results (PbR) and Rate for Quarantine</strong></td>
<td>The group were informed that Nesta Hawker has confirmed that the rate is the same for quarantine. Sara Eastwood has clarified that BHLY is being used correctly.</td>
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3. **Patient Updates**

   **York Patient Update**

   Andy Henwood reported that there is good progress in York with a clear pathway in place from haemodialysis, shared haemodialysis care to self-care.

   The Harrogate self-care unit is ready although not yet open and there are plans for Whitby.

   **Transport**

   Linda Pickering reported on some recent issues with patient transport in York, with no transport on one Saturday recently. There have not been any transport meetings in York for several months. A York dialysis patient has been identified to attend this meeting and Linda will be accompanying him to the first meeting.

   Paul Taylor provided an update on 365 the App which is underdevelopment and will tell patients where their transport is. The plan is to test this at the twilight shift in Leeds.

   From South Yorkshire, Sarah Jenkins reported that NSL are subject to a financial penalty for not meeting the contract requirements. The renal service manager has maintained pressure and attended the monthly transport meetings. The contract is going back out to tender.

   Lizzi shared the BHLY record which has the ability to record transport. It would require agreement for the data to be inputted.

   **Leeds**

   Paul informed the group of rumours that had been circulated regarding the closure of Seacroft Hospital. A consultation is underway and the Chief Executive has spoken to the Scrutiny Board.

   There has also been concerns raised about dialysis provision at Dewsbury Hospital, where there is a proposal to move dialysis into the Main Ridings Building.

   Paul also highlighted issues with renal transplant beds in Leeds. There are no longer dedicated beds for transplant patients on the renal wards and there have been some reports of early discharge and re-admissions.

   Emma Dunn was not available to comment. These concerns have been raised at Directorate meetings.

4. **National Clinical Director & Clinical Reference Group (CRG) Updates**

   John provided an update from the National Clinical Director. A recent teleconference highlighted the following areas:

   i. **Tariff** – there are concerns regarding best practice and MDT tariffs. There have been several letters highlighting these concerns. The implication is that £60m will be wiped off the budgets of renal services. There is a stakeholder meeting scheduled for 1st October. Linda reported that Nick Palmer from the NKF will be attending the meeting.

   ii. **Acute Kidney Injury (AKI) Tariff**
iii. NICE Clinical Guidelines for CKD – This is GP facing but has not been circulated to GPs and was not subject to wide consultation. There is the potential for expensive additional testing and some misgivings have been raised by the labs.

iv. CKD National Audit – This has been developed by BMJ Informatica and is an EMIS based tool. It is being piloted in 200 practices and is being developed as it rolls out. It is a QI Tool and is therefore not validated. Unlike the Diabetes Audit, this is not mandatory.

v. AKI Report – There is a collation of best practice with a national website under development. It was noted that the Derby CCG CQUIN is being rolled out.

vi. British Renal Society Quality Improvement Lead

Sarah Naudeer highlighted that there is no additional resource for supporting vasculitis MDTs in Hull and other centres. John agreed to feed this back to Richard Fluck.

John also provided the headlines from a CRG Update shared by Will McKane:

i. Tariff
ii. AKI
iii. Primary Care Pathfinder
iv. Future of CRGs
v. Service specifications
vi. Dialysis Away from Base
vii. Rituximab

Rebecca Campbell will circulate the CRG update along with the update which John has provided to the SYB CVD Strategy Group.

John informed the group that a spreadsheet has been circulated to some Trusts to comment on in relation to the best practice tariff for Transplant. John agreed to share this.

5. Specialised Commissioning & NHS England Developments

Rebecca provided a brief overview on current developments in NHS England.

Proposed changes which national and regional directors intend to have implemented by 1 April 2015 include:

- Creating an enhanced specialised commissioning function that will bring together all existing national specialised commissioning activities and resource and will significantly strengthen our capabilities for this key role.
- Beefing up information, commissioning analytics and health strategy functions with better cross-organisational alignment in the Commissioning Strategy Directorate.
- Streamlining and efficiencies for all national directorates.
- The creation within Commissioning Operations of a 'single tier' field force in each region (similar to the arrangements already in place across London), with fewer senior managers - including a reduction in the number of area directors and their direct reports.

Rebecca reported that there will be one Area Team for Yorkshire and the Humber, which will replace the current three area teams, however a local presence will continue in the three areas.

In addition to these changes one strand of the work to develop the operating
model is to look at the purpose, scope and alignment of the improvement architecture supported by NHS England, including Strategic Clinical Networks, Clinical Senates, NHSQ and Academic Health Science Networks. The SCN is therefore subject to a review which will be complete by the end of the year.

6. **Tariff**  
   This item was covered earlier in the meeting.

7. **Peritoneal Dialysis Procurement**  
   Sarah Jenkins provided an update on the PD procurement process. It has been agreed to extend the current tender for one year. The North West Group will lead on the tender. Sarah highly recommended that all Trusts get involved.
   
   John agreed to keep this on the agenda for discussions with Richard Fluck.

8. **Service Developments**

   **Bradford** – John Stoves highlighted the following areas:
   - Exploring reduction in PD numbers
   - HD expansion
   - Acute physician appointed with an interest in PD
   - Satellite Unit in Skipton - a move to Airedale remains under consideration
   - Transplant Sister vacancy
   - Links forming with primary care as part of ‘Healthy Hearts’ and Bradford CVD forum

   John agreed to share learning regarding the consumable / procurement QI work on carbon footprint.

   **Hull** – Sarah Naudeer highlighted the following:
   - Acute activity has transferred to Scarborough
   - Procurement process for Water treatment plant / ward upgrade – however there are delays as there is no service manager.
   - No dedicated renal matron and another consultant is required
   - Would like an AKI Nurse practitioner
   - E16 coming up for re-tender, this will be taken forward by the Department of Health
   - From 20th October Martin Chanayireh will take over as Clinical Lead for Hull.

   **Leeds**  
   Emma Dunn was not present. However, Paul Taylor raised the IV Iron issue which has still not been resolved in Leeds. Sarah Naudeer reported that Hull patients are required to sign a disclaimer and agreed to share this.

   **Sheffield** – Sarah Jenkins highlighted the following:
   - AKI work continues. Lab alerts are working.
   - Negotiations regarding the remote CKD programme
   - Restructuring clinics
   - Consultant of the week system has been introduced
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<th>York – Keith McCulloch highlighted the following:</th>
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<td>• The new Renal Consultant has started, and will be taking over outpatient clinics in Scarborough except for dialysis. A very small number of patients have moved.</td>
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<td>• Harrogate self-care unit will open to patients next month</td>
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<td>• Melinda Howard has been employed as Senior Nurse Manager</td>
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<td>• AKI alerts are up and running</td>
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<td>• The Easingwold lease will not be renewed so plans are underway for the relocation of this satellite unit.</td>
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*Doncaster – Ian Stott was not present. The update from Doncaster is available in the SYB Update.*

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<th>9. Metrics</th>
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<td>John provided an update on regional metrics. It has been previously agreed that these would cover the following areas:</td>
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<td>i. Shared haemodialysis care</td>
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<td>ii. Pre-emptive transplant listing</td>
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<td>iii. AKI – Stage 3 incidence</td>
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A dashboard will be developed and circulated.

The group agreed that 6 monthly audit would be acceptable, particularly if this took place in quieter months, for example February & August.

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<th>11. Any Other Business</th>
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<td><em>Newsletter / Blog</em> – Consideration is being given within the SCN to the revision of the newsletter and/or the development of a blog.</td>
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*Health Foundation Bids* – it was noted that applications have been made to the Health Foundation for funding, in relation to roll-out of the Shared Haemodialysis Care Programme across England, and a joint bid with Derby on AKI. It was also noted that Salford has submitted a bid relating to PD. The outcome of the application will be known by the end of November.

*Forthcoming Events* – AKI Forum (17th October) and Transplant Forum (7th November).

*Dialysis Capacity Survey* – it was agreed that this will be repeated in October, without the workforce data. Although Sarah Jenkins noted that their staffing was readjusted as a result of this data.

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<th>12. Date of the next meeting: Monday 15th December 0915-1115, Hatfeild Hall</th>
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