

Yorkshire and the Humber Renal Clinical Expert Group
Monday 22nd June 2015, Hatfield Hall, Normanton Golf Club, Wakefield, WF3 4JP

Present:	
Dave Border	Clinical Lead, York Hospitals NHS Foundation Trust
Sarah Boul (SB)	Quality Improvement Lead, Y&H SCN
Rebecca Campbell (RC)	Quality Improvement Manager, Y&H SCN
Emma Dunn	Clinical Lead, Leeds Teaching Hospitals NHS Trust (LTHT)
Andy Henwood	Patient, York
Sarah Jenkins (SJ)	Nephrologist, Sheffield Teaching Hospitals NHS Trust (STHT)
Elizabeth Lindley (EL)	Clinical Scientist, LTHT
Jackie Parr (JP)	Specialised Commissioning - Service Specialist, NHS England
Linda Pickering (LP)	Patient Advocacy Officer, National Kidney Federation
Paul Taylor	Patient (WRKPA)
Ian Stott	Clinical Lead, Doncaster & Bassetlaw NHS Trust
John Stoves (Chair) (JS)	Consultant Nephrologist, Bradford Teaching Hospitals NHS Trust, & Renal Clinical Lead for Yorkshire & the Humber Strategic Clinical Network (Y&H SCN)
Apologies:	
Oli Anderson	Patient, Bradford
Youseff Beaini (YB)	CVD Lead and Regional GP Advisor
Helen Collinson	Consultant Nephrologist, Hull & East Yorks Hospital NHS Trust
Martin Chanayireh	Consultant Nephrologist, Hull & East Yorks Hospital NHS Trust
Melinda Howard	Nurse Manager, York Hospitals NHS Foundation Trust
Will McKane	Consultant Nephrologist, Sheffield Teaching Hospitals NHS Foundation Trust
Mandy Plant	Renal Matron, Sheffield Teaching Hospitals NHS Foundation Trust
Russell Roberts	Clinical Lead, Bradford Teaching Hospitals NHS Foundation Trust

AGENDA ITEMS		Action
<p>Minutes from last meeting 23 March 2015</p> <p style="padding-left: 40px;">- <i>IV Iron Policies</i> It was requested at the last meeting that all Clinical Leads share their IV Iron documentation. Sarah Jenkins has shared for Sheffield. Dave Border advised that he would send for York and Ian Stott and John Stoves advised that Doncaster and Bradford had no documentation to share.</p> <p><i>ACTION: Dave Border to share the IV Iron documentation for York</i></p> <p style="padding-left: 40px;">- <i>Reimbursement for home dialysis</i> It was requested at the last meeting that Sarah Jenkins shared documentation around reimbursement. The relevant paperwork has been shared. Sarah Jenkins advised that patients are concerned about timeliness of reimbursement and this is an issue that Sheffield Teaching Hospitals are working through.</p> <p>Linda Pickering advised the group that she had been informed that the updated Home Dialysis Reimbursement Policy will be launched at the British Renal Society Conference 30th June-2nd July. Linda Pickering stated that the main point of the revised policy is that it has been updated from the original policy from 1974 and APD has been included.</p> <p style="padding-left: 40px;">- <i>Metrics for regional dashboard</i> John Stoves provided the group with an update on the development of the metrics dashboard advising that we are collecting data for Pre-emptive Transplant, Shared Haemodialysis Care and AKI Stage 3.</p> <p>2. The group discussed issues regarding collection of Stage 3 AKI data. Ian Stott advised that this information is being collected in Doncaster and transmitted to the Renal Registry. However, the Stage 3 data is “dirty”, as it contains haemodialysis patients, and consideration needs to be given to how to “clean” these out. John Stoves stated that Stage 3 data is the easiest to collect and has discussed with Fergus Caskey how the data can be reported back to individual Trusts. Elizabeth Lindley advised the group that she can investigate how the LIMS data is cleaned out and feedback on this process.</p> <p>Dave Border stated that, at this time, the AKI data did not appear meaningful as yet. Elizabeth Lindley advised that one approach to the data collection would have been to collect on a local level and protocol test the data collection as the current scatter gun approach is not useful. John Stoves advised that Richard Fluck is keen to start the process of data collection (as is mandated) and then make appropriate adjustments as part of an action learning process.</p> <p>Dave Border advised the group that York will be undertaking their own data collection alongside submitting data to the Renal Registry. Sarah Jenkins and Ian Stott advised that they have been collecting their own data to allow them to measure trends and provide targeted education to staff. This is also happening in Leeds and Bradford as part of AKI CQUIN and Health Foundation activities.</p> <p>Following the discussion of issues with the data collection for AKI Stage 3 Andy Henwood enquired why the group were collecting the data if it was felt that it was not a worthwhile metric to collate. John Stoves advised that, despite there being some issues with the submitted data, it will provide information on trends and co-morbidities and can be combined with HES data to provide a useful comparator nationally and for the region. John Stoves also advised that</p>	<p>Dave Border</p>	

a key driver for data collection is the NCEPOD report Adding Insult to Injury and will provide performance information to allow hospitals to improve their performance in terms of identification and treatment of AKI. Dave Border stated that he does support the idea of raising the profile of AKI and making the unit better and in that sense can see the value of collecting the data. Andy Henwood stated that as long as improvements are made to patient care then the data collection must be worthwhile.

Sarah Jenkins stated that it would be interesting to monitor the secondary care data collection to try and attempt to understand the impact of the e-alert on GP surgeries from March 2016. The mandated alert will be helpful to manage primary care data.

- ***PD Tender***

Sarah Jenkins fed back to the group regarding the PD tender and advised that at this point no further updates had been made available. Sarah Jenkins advised that Martin Wilkie will be contributing a chapter on governance and is interested in replicating the Stoke model of having an individual team, however, as a critical mass of patients is required for this Sarah Jenkins is recommending a regional approach to ensure a critical mass can be reached. Ian Stott advised that he also wanted to pursue an in house team but advised that the patient numbers are fluctuating making this option difficult. However, if there would be an opportunity to work with Sheffield it may make the idea more feasible. John Stoves advised that Bradford is experiencing low PD numbers and Emma Dunn and Dave Border concurred that the same was true in Leeds and York therefore having a regional approach may be the best option.

Sarah Jenkins also fed back to the group that Sheffield has a small number of HHD patients who are being looked after by carers. These patients have been on home haemodialysis since the 1970s and 1980s and it is believed their carers are currently funded by non health sources. Sarah Jenkins is investigating this area in more detail as Sheffield are interested in paying carers, as they are doing the work that a staff member would do, but this requires further exploration currently.

Paul Taylor enquired if carers of patients are asked about the possibility of being paid to dialyse at home as it may encourage them to consider this as an option. Sarah Jenkins advised that this is an area that needs to be further explored but currently there is no financial resource to offer this as an option.

- ***Vascular Services Review***

John Stoves enquired about progress with the Vascular Services Review. Ian Stott advised the group that access to vascular surgical support in Doncaster is excellent but Ian Stott was very concerned about this support being adversely affected by any future reconfiguration.

Jackie Parr advised the group that a stocktake of the current position in vascular services has been undertaken based on the risks from the previous review. Jackie Parr advised that Specialised Commissioning is now looking to publish a commissioning plan and is setting up a project team, which will have an independent Clinical Chair to remove any political biases. Jackie Parr advised that it is a priority piece of work and it is hoped that the independent Clinical Chair will be able to provide some final recommendations for implementation. John Stoves enquired if there had been progress with reconfiguration of vascular services in other regions. Jackie Parr advised not that she is aware of.

	<p>- Workforce Issues</p> <p>John Stoves enquired if any feedback had been received from Melinda Howard on investigations to reinstate the regional renal course. Sarah Boul advised that no feedback had been received as yet but that Melinda Howard was at the RSA Conference in Perth. Sarah Boul agreed to follow up with Melinda Howard.</p> <p>ACTION: Sarah Boul to follow up with Melinda Howard on progress with investigating the reinstatement of the regional renal course.</p> <p>Ian Stott advised that he is struggling to retain staff, particularly junior nurses, but this is not just a problem in renal services it is a Trust wide issue. The group agreed that retaining staff is difficult and a renal course to develop their skills would be appreciated by staff and may assist with retention issues.</p> <p>- Transplant Drugs Repatriation</p> <p>John Stoves advised the group that Richard Baker had informed him that Boots will be undertaking the transplant drug deliveries in Leeds. Dave Border advised that this is still ongoing in York and Ian Stott advised Doncaster has always been prescribing their own, as has the rest of South Yorkshire. Andy Henwood asked for a summary of this issue. John Stoves advised that currently immunosuppressants are prescribed by GPs and not Secondary Care GPs do not have a complete knowledge of immunosuppressive medication and potential drug interactions etc. The prescribing of these drugs will now be undertaken by Secondary Care and medication will be delivered to the home or community pharmacies for collection.</p> <p>- Green Nephrology</p> <p>John Stoves advised the group of the publication of the Sustainable Nephrology leaflet, which has been published in conjunction with the NKF. John Stoves suggested that this leaflet should be included in the content of patient packs when people start on dialysis and suggested that it is discussed at KPAs. John Stoves asked that Sarah Boul shares the leaflet with the group.</p> <p>ACTION: Sarah Boul to circulate the Green Nephrology information.</p>	<p>Sarah Boul</p> <p>Sarah Boul</p>
<p>3.</p>	<p>Patient and NKF Updates</p> <p>Linda Pickering fed back to the group regarding developments with the draft reimbursement policy. Linda Pickering advised the group that she was pleased to see APD had been included, as these patients do struggle with costs. Linda Pickering stated that Paul Taylor had originally raised the reimbursement rates as an issue and she is now hoping that the costs in the document will be brought up to date. Paul Taylor stated that the document was only guidance and each individual unit could still decide rates but that it is important national guidance is available.</p> <p>Paul Taylor stated that the cost guidance does not list individual machines with associated costs; it is just worked out as an average, but really should be worked out by machine. John Stoves advised that Manchester has a well established costing system. Sarah Jenkins advised that Sheffield work out costs per type of machine and Dave Border confirmed the same applied in York. Paul Taylor stated that the most important thing is to ensure the costs remain up to date and patients are paid what they need. Sarah Jenkins stated that clinicians need to understand the reference costs to ensure people are fairly reimbursed.</p>	

	<p>Jackie Parr enquired if it was the intention that this guidance policy accompanies a service specification, Jackie Parr feels strongly that it should go with the service specification to ensure it is robust.</p> <p>Andy Henwood enquired if HHD is cheaper for patients. Ian Stott advised there is a tipping point whereby it may be cheaper if patients dialysed at home but a certain number of patients and time were required. The group discussed HHD and impact on hospitals in terms of cost of buildings, staff etc. Ian Stott advised that Doncaster has seen a big uptake of HHD and it appears there could be economical benefits but due to budgets this is not viable as yet.</p> <p>Linda Pickering advised the group that she has been informed that there are issues with access to vascular services in Hull. Linda Pickering has been in touch with a vascular surgeon at Hull to follow this up. Jackie Parr advised that this issue had also been discussed at the Local Implementation Group (LIG) but as Linda Pickering has not yet received any response Jackie Parr will contact Paul Renwick directly.</p> <p>ACTION: Jackie Parr to contact Paul Renwick directly to investigate issues with vascular services in Hull.</p> <p>Linda Pickering enquired if the Dialysis Away from Base (DAFB) guidance had been released. Sarah Boul agreed to look into this.</p> <p>ACTION: Sarah Boul to locate information and guidance around DAFB.</p>	<p>Jackie Parr</p> <p>Sarah Boul</p>
<p>4.</p>	<p>CRG and NCD Updates</p> <p>AKI e-alert: John Stoves provided the CEG with an update from Richard Fluck. The report advised that the AKI safety alert is up and running but there are issues with Trusts returning data in the Yorkshire and the Humber region, particularly in the District General Hospitals (DGH). The group felt that collating and returning this information may be difficult for the DGH's and they should be followed up to ensure they are aware that the information should be collated and returned. Ian Stott enquired if the data return was mandated by NHS England.</p> <p>ACTION: Sarah Boul/Rebecca Campbell to investigate if the data return is mandated.</p> <p>NB: Post Meeting Note RE: AKI e-alert: Further to the CEG an update has been received from the UK Renal Registry on those areas submitting/not submitting data. Please see the attached email for further information.</p> <p>The group discussed AKI champions in each Trust and Ian Stott advised that Mid Yorkshire have an AKI Working Group and Sarah Boul/Rebecca Campbell should contact Dinesh Nagi for further information.</p> <p>ACTION: Sarah Boul/Rebecca Campbell to contact Dinesh Nagi at Mid Yorkshire regarding AKI work.</p> <p>AKI CQUIN: Sarah Jenkins stated that the AKI CQUIN does not mandate an information return and Ian Stott agreed informing the group that the CQUIN only requests discharge summary information.</p> <p>Ian Stott stated that the AKI CQUIN is a lot of work to deliver on but the Trust</p>	<p>Sarah Boul / Rebecca Campbell</p> <p>Sarah Boul / Rebecca Campbell</p>

have a working group and want to go ahead. John Stoves stated that Bradford is experiencing issues with the requirements of the CQUIN, including IT support for reconfiguration of the e-discharge form and the difficulty in applying all of the CQUIN elements to patients with very mild and transient AKI Stage 1. Dave Border advised that Donald Richardson is putting in place an algorithm in York to populate discharge summaries to ensure the CQUIN will be fulfilled but this has not been an easy process. Dave border agreed to feedback to the CEG when the algorithm is working.

ACTION: Dave Border to feedback to the CEG on the York algorithm for AKI CQUIN data collection.

**Dave
Border**

Ian Stott stated that colleagues in Primary Care are concerned about the AKI CQUIN discharge summaries as they may cause a significant amount of unnecessary work in Primary Care.

National CKD Audit:

John Stoves advised the group that the National CKD Audit has started and as it develops he will provide updates to the group. Andy Henwood asked if the audit meant that Secondary Care processes would tie in better with Primary Care. John Stoves advised yes, alongside other initiatives such as the SCN CVD Prevention Programme and local initiatives to strengthen links with primary care such as e-consultation. Kathryn Griffiths leads the audit and has been invited to talk about this in relation to AKI at a forthcoming regional forum.

Dialysis Commissioning:

John Stoves advised the group that Richard Fluck is now the Chair of the Dialysis CRG and as yet there are no plans in place to consider moving commissioning of dialysis back to CCGs. John Stoves advised that Wayne Bartlett had stated that dialysis commissioning is unlikely to go to CCGs. However, John felt it would be useful for CCG commissioners and providers to meet on 5th October 2015 to discuss future processes. Jackie Parr stated that this meeting should focus on collaborative commissioning. Sarah Jenkins stated support for this as did Emma Dunn.

Post Meeting Note RE: Dialysis Commissioning:

Following the CEG a further meeting was held to discuss preparation for a proposed event on 5th October regarding the transfer of dialysis commissioning from Specialised Commissioning to CCGs.

The Group determined that the transfer is reportedly very unlikely in 2016/17 and so may only transfer to CCGs from 2017/18 onwards. There then followed a discussion regarding the potential for a CCG/Primary Care Renal Engagement Event on the 5th Oct. As such an event would be likely to focus primarily on Prevention, there was a discussion regarding the development of the SCN CVD Prevention Strategy and the likely engagement that will be taking place around that. It was agreed that there was likely to be overlap between the Prevention events and a Renal Event, and that CCG & Primary Care Colleagues would be more likely to attend a broader CVD event than a renal specific event (without the draw of the commissioning change). Therefore, plans for a renal meeting are on hold unless there is a change of plan around the commissioning transfer.

KQUIP:

John Stoves advised that a new group quality improvement group for kidney care is being developed by Richard Fluck and further information would be shared in due course.

Will McKane Dialysis CRG Update:

John Stoves advised the group that Will McKane had fed back that the tariff change on additional activity had not been agreed, as NHS England had proposed paying a lesser rate for additional activity. Jackie Parr explained the tariff proposals to the group and advised that if Providers went over their planned activity they would only receive a 70% payment. Jackie Parr stated the reasons for this were to try and put some control in the system and to try and focus attention on prevention. Jackie Parr stated that specialised activity is increasing 4% per year, drugs are increasing 10% and there is no more money in the system. By putting in tariff controls it encourages more effective prevention strategies. Ian Stott stated that for Doncaster prevention only has an effect in the long term and that by running services on less money in the here and now will cause patients to suffer and this approach needs to be reconsidered.

AKI National Programme:

John Stoves advised the group that levers are being developed in the national programme to assist DGH's.

CRG Products:

John Stoves advised the group that the Dialysis Away from Base policy and future commissioning model had been signed off in June 2015. Sarah Jenkins advised that she had submitted a question to the CRG regarding different machines, portability and costs asking for clarification on who pays. The feedback received is that Sheffield is expected to pay or have negotiations with a company and put into reference costs regarding NxStage machines. Jackie Parr stated that this query was not strictly regarding Dialysis Away from Base rather it was regarding dialysis away from home and feels that a conversation with NxStage is important. Sarah Jenkins stated that clarity on costs was the aim.

John Stoves advised that he had raised a query with regards to issues with CPE but as yet had not received a definitive response. Dave Border advised that York is going to begin screening incomers and John Stoves advised Bradford is also doing this. Ian Stott stated that Doncaster undertakes selective screening, as they only have small numbers, but there may be a move towards doing this everywhere soon.

Data:

The CRG discussed data requirements for the future. Further updates will be provided in due course.

Renal Registry Patient Council:

The Council will be led by Fiona Loud and will assess PROMs and provide narrative data on patient experience.

Tariff Review:

The tariff has rolled over on current rates.

Reimbursement for Driving to Dialysis:

The issue of receiving reimbursement for driving in to receive dialysis treatment was mentioned. Linda Pickering advised that this has not as yet been investigated but will be considered in the future.

Transplant CRG:

John Stoves advised the group that the Transplant CRG is due to take place

