Professor Donal O'Donoghue
Salford Royal NHS Foundation Trust
Renal Medicine
Level 2 Hope Building
Stott Lane
SALFORD M6 8HD
donal.o'donoghue@srft.nhs.uk

19/02/2018

DOD/AJB/RA-Let 19.02.18

Dr J Stoves
Consultant Nephrologist
St Luke's Hospital
Little Horton Lane
Bradford
BD5 0NA
sarah.coope@bthft.nhs.uk

Dear John

Re: Planning of Vascular and Renal Services in West Yorkshire

Thank you for your letter of 12 January 2018 outlining the work to date on the proposed consolidation of the "arterial centres" in West Yorkshire and the potential impact this reconfiguration could have on the quality and delivery of renal services at Bradford Teaching Hospital.

The documents you provided set out the current configuration and case for change. Vascular services are undergoing reconfiguration in many part of England for similar reasons.

I understand that Leeds will be one of the "arterial centres" in West Yorkshire with a second likely to be at Bradford or Calderdale.

There is no current intention to reconfigure renal services in West Yorkshire, which are provided from Leeds and Bradford Teaching Hospitals.

Given the co-dependencies between vascular and renal services you highlight concerns about fragmentation of the care pathway for dialysis vascular access and for the management of complex vascular problems in renal patients and the risks this poses to good patient outcomes. There are a number of guidelines, service standards and recommendations from statutory, advisory and professional bodies that have synthesised the evidence base and should be borne in mind as options are developed.

The NHS England national service specification cites the need to maintain satisfactory vascular access coupled with a high susceptibility to cardiovascular disease in dialysis patients as presenting some of the most serious challenges encountered by vascular surgeons and interventional radiologists. It goes further and states that a significant proportion of these interventions are required to be delivered urgently or as an emergency. Concluding that the safety of dialysis patients while hospitalised with vascular complications of their disease requires special consideration in the commissioning of dialysis services.

The Renal Association NICE accredited guidelines for vascular access recommends that each renal centre should have facilities for surgical and radiological intervention for the prompt and timely treatment of arteriovenous fistula and dialysis graft stenosis. It states that a local standard policy should be in place.

The South East Coast clinical senate document "The Clinical Co-dependencies of Acute Hospital Services. 2014 "advises that renal inpatient services are either collocated with vascular centres or where that is not

possible served by spoke vascular services .The Vascular Society recommendations in “Provision of Services for Patients with Vascular Disease. 2012 “emphasise the importance of vascular surgery and radiology input into renal MDT meetings.

The Yorkshire and Humber Clinical Senate review of vascular services (January 2017) noted that Bradford Teaching Hospital FT is a renal centre and that the presence of a renal centre does support this trust as the location of the arterial centre. This report also articulated a number of clinical concerns relating to the proposed direction of travel and advised commissioners to be clear on decision making criteria and to ensure that all factors have been considered.

The Renal Association recommends;

A. That the creation and maintenance of vascular access for dialysis and the frequent need for complex vascular intervention in the renal replacement therapy population are both considered as separate specific decision making criteria.

B. That interventional radiology requirements, vascular access monitoring and innovations in renal vascular care are specifically considered in the planning process.

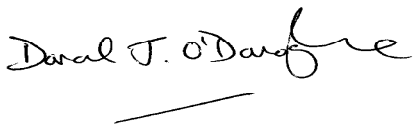
C. That clear pathways serving the vascular needs of kidney patients are co-designed by renal, vascular and interventional radiology care professionals with expert patient input.

D. That systems to routinely monitor the evidence based standards of vascular access care and vascular care for people with kidney disease as defined in the Renal Association guidelines and NHS England specifications are put in place to ensure continued high quality delivery of renal care. Delivery of care against these standards should be regularly published.

E. That efforts are made to engage renal patients and carers in option development and design of models of care early in the planning process.

There are a range of models of vascular provision to renal services across the United Kingdom. If you or your commissioning colleagues feel the Renal Association could of addition support to the local planning process I would be happy to help identify relevant , experienced and independent Clinical Directors or other colleagues who may be able to assist.

Yours sincerely



Professor Donal O’Donoghue
President
Renal Association

Secretariat : The Renal Association

Third Floor, Learning and Research Building. Southmead Hospital, Bristol BS10 5NB UK

+44 (0)117 4148152
renal@renal.org
Company 2229663, registered in England & Wales, limited by guarantee and registered as charity no 800733