NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

YORK RENAL SERVICE

MEDICINE CARE GROUP

2025

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Outline

York and Scarborough Teaching Hospitals NHS Foundation Trust

- What do we do?
- How do we deliver care?
- Where are we?
- Who do we work with?
- What is our current demand? And what about the future?
- Commissioning perspectives
- What are our pressure points?
- What next?
- How do we know what good looks like?
- What support do we need?

What do we do?

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- Offer expert advice and care for patients with chronic kidney disease, acute kidney injury and other wide varieties of kidney related conditions
- Care for patients with **End-Stage Kidney Disease (ESKD)**, an irreversible condition resulting from CKD
- Management of ESKD requiring **renal replacement therapy (RRT)**—transplantation or dialysis—to preserve life
- Support for the wide-ranging burden of **co-morbidities and distressing symptoms** affecting quality of life, including work, sexual relationships, fertility, sleep, and nutrition.
- Holistic, patient-centered care to improve all aspects of patient well-being as much as possible
- Lifelong care and responsibility for patients once they reach ESKD

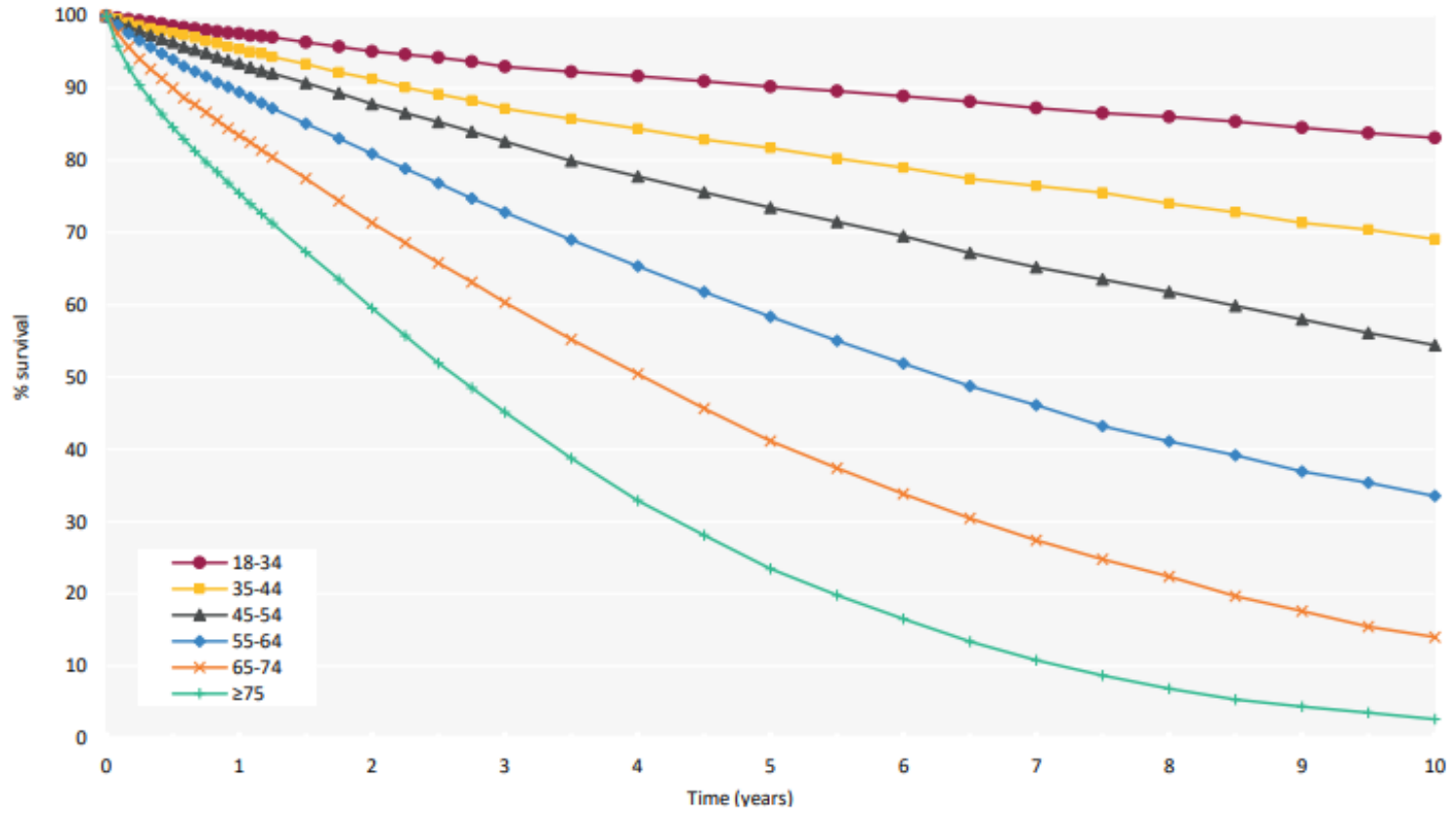

Figure 2.21 Survival (unadjusted) of incident adult KRT patients from day 0 by age group (2013-2022 10 year cohort)

How do we deliver care?

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- In-centre haemodialysis – carried out at our units in York, Scarborough, Easingwold and Harrogate
- Home Haemodialysis
- Peritoneal dialysis – carried out at home
- Renal transplant – the kidney transplant operation is usually carried out at Leeds, but ongoing monitoring and care is delivered by the York service
- Conservative Care – where patients decide not to seek RRT and supportive care is delivered at home by community partners as well as through outpatient clinics
- Outpatient Clinics at York, Harrogate, Selby, Wetherby, Scarborough and Malton
- Inpatient care at York and review of inpatients at Scarborough and Harrogate prior to transfer to York

Where are we?

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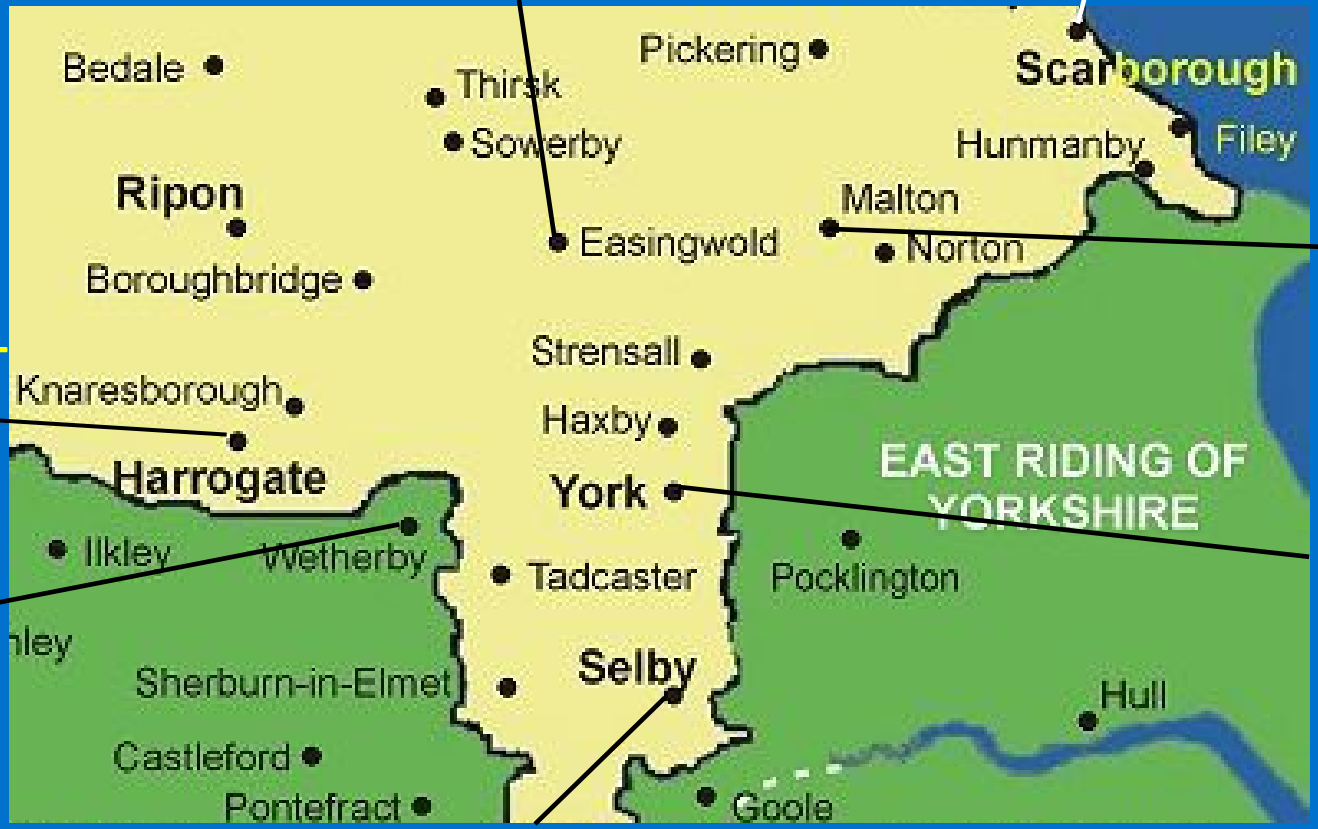

ICHD

ICHD OUTPATIENT CLINIC

ICHD OUTPATIENT CLINIC

OUTPATIENT CLINIC

ICHD OUTPATIENT CLINIC INPATIENTS

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Who do we work with?

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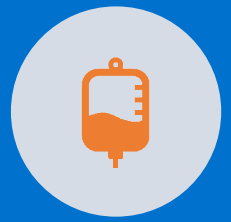
VASCULAR & TRANSPLANT SURGEONS

DIETETICS

PHARMACY



RENAL TECHNICIANS

SOCIAL WORKERS

TRANSPORT SERVICES

PROCUREMENT

FRESENIUS AND HUTH

GENERAL PRACTICE

DIABETES SERVICES

How do we work with partners?

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- Daily and weekly communication with General Practice – through Advice and Guidance as well as direct conversations
- Scarborough Unit run by Fresenius under contract with HUTH whilst we provide clinical input
- Harrogate renal clinics run by us for HDFT whilst we operate ICHD and also review inpatients

What's the current demand for renal replacement therapies?

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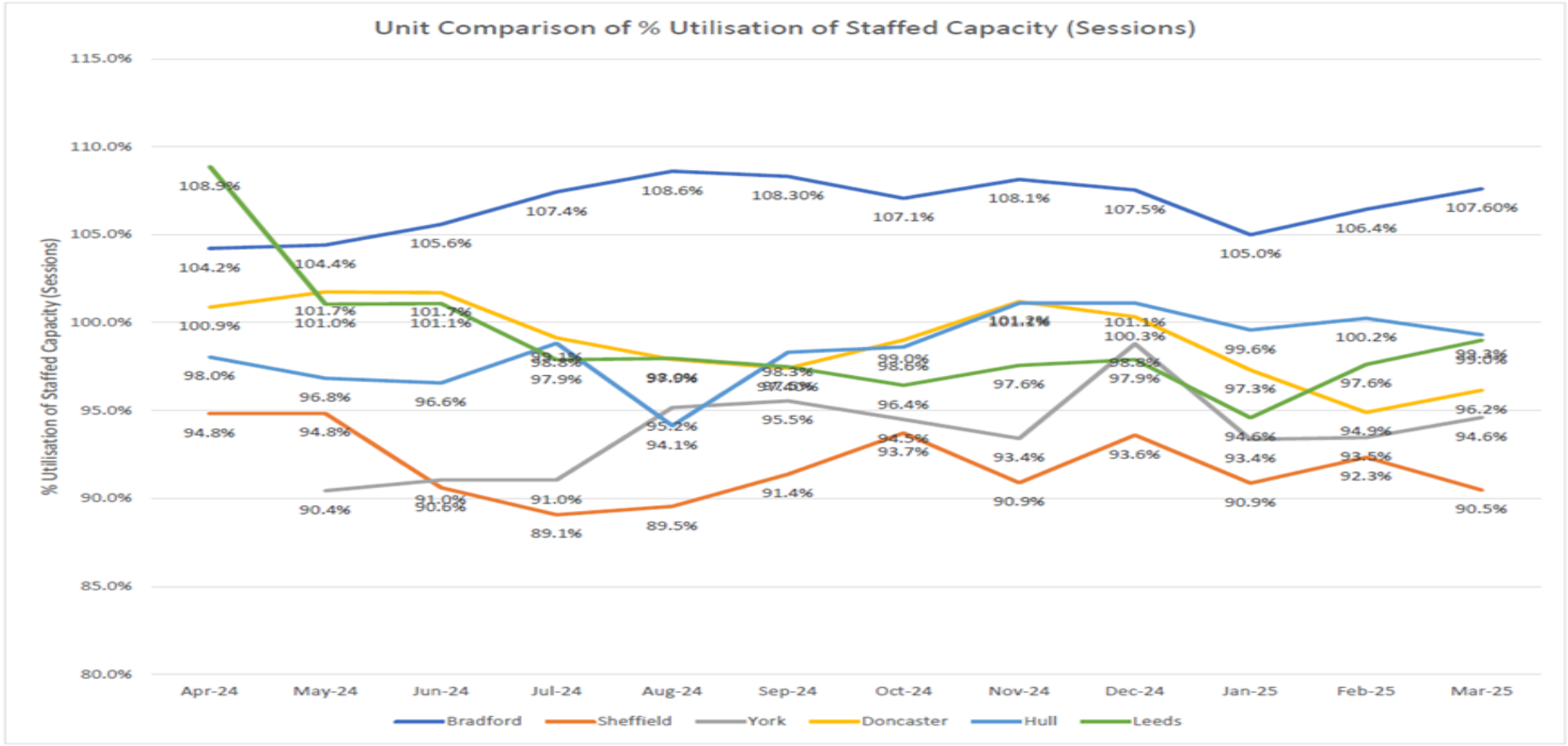
- 70,000 patients nationally
- 613 patients locally
- 27 Peritoneal dialysis and 19 home dialysis patients (18% of total dialysis population)
- 214 In Centre Haemodialysis patients
- Using Renal Registry data for 2023, the most recent year analysed – we had 46 patients starting RRT and their median age was 69.8
- 89.7% of our new starters in 2023 were White British
- 73.9% were men
- For the UK as a whole, in 2023, the median age was 63.2, 72.4% are White British and 63.3% are male

DOM Summary Apr24 – Mar25

YORKSHIRE & HUMBER Kidney Network



What's the future demand for the service?

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What does our future look like?
In Centre Haemodialysis (ICHD) Growth Rates

	Mean 2016-2019	Mean since 2021
Bradford	5.0%	6.9%
Leeds	2.8%	6.7%
Doncaster	0%	3.4%
Sheffield	0%	2.8%
Hull	2.8%	4.0%
York	0.2%	4.7%

And why?

Improved management of cardio-vascular risk factors improves long term survival meaning more patients reach ESKD

Improved management of patients already on RRT increases long term survival on treatment

What's the future demand for the service?

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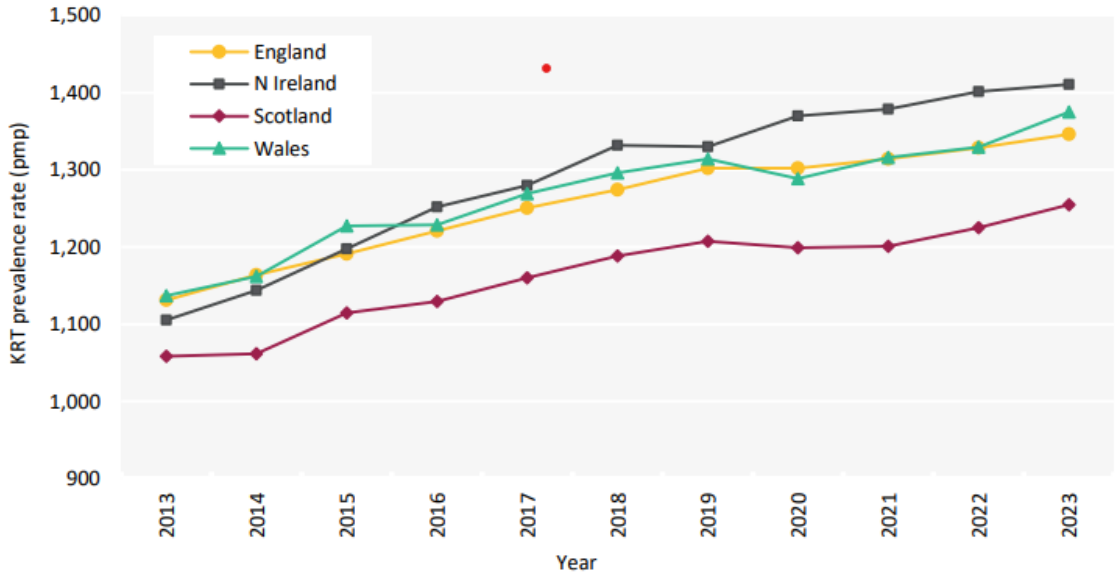

Figure 3.2 Adult KRT prevalence rates by country between 2013 and 2023
pmp – per million population

Do we have a waiting list?

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Dialysis

- No – patients receive treatment at the point of need
- Currently 44 patients with less than 10% kidney function who may need to start dialysis but we cannot precisely predict when this will be
- We are currently unable to offer Dialysis Away From Base for patients visiting the area

Transplant

- 59 active patients waiting
- Expected wait is between 18 months and 4 years but some people will never receive a kidney
- 55 people undergoing workup for potential transplant at some point
- 50 enquiries so far this year about being an altruistic live donor
- 40 potential live donors under workup

Commissioning perspectives in response to increasing demand

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Most providers of renal dialysis services in the North East and Yorkshire have been reporting significant increased capacity pressures in in-centre renal dialysis. This regional pressure is in line with what is being reported nationally and units which are experiencing capacity issues may become unsustainable over the long term.

To mitigate against this rise in demand, some trusts in the region have undertaken significant service improvement work to maximise their current capacity by implementing ‘best practice’ initiatives. Others have or are considering expansions to their capacity through internal business cases. In response to this the North East and Yorkshire regional Specialised Commissioning team has developed a Renal Dialysis Capacity Commissioning Plan to address these increased and on-going pressures on in-centre renal dialysis units.

Commissioning plan

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The regional commissioning plan has been developed to ensure the safe and sustainable commissioning of renal dialysis services in the North East and Yorkshire for the coming year(s). It is based on actions through a staged approach that proposes work to be undertaken by regional networks, providers, clinical teams, and commissioners to address the current situation.

The plan has been acknowledged and approved by the NENC and Y&H ICB's and is in context of the current NHS financial challenges.

The published commissioning plan is embedded below:

Microsoft Edge
PDF Document

Commissioning plan key messages

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1. Data evidences an increase in people requiring renal dialysis year on year. This has equated to renal units delivering services over their staffed capacity and if not addressed could mean that patients who require dialysis may not be treated or that the number of dialysis sessions they can have falls short of what may be required clinically.

2. There are a significant number of workstreams and quality improvement initiatives underway across the region. To realise maximum impact and ensure no duplication of effort, the renal networks are taking a lead in coordinating these in partnership with system stakeholders from across the region.

3. Work needs to be undertaken to improve access to preventative and alternative treatments such as:
    - early identification and medication optimisation through primary care,
    - increase in transplantations,
    - and a greater uptake in home dialysis.

What are the pressure points for our service?

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- Capacity for haemodialysis
- Capital projects
- Growing a complex MDT to continue to meet patient needs
- Managing inpatient pressures
- Working under financial constraints

What next for service provision?

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- Increase patients dialysing at home – no immediate investment required, this is already agreed and progressing as suitable patients are trained
- Continue to adopt a ‘Transplant First’ mindset –this will require investment to manage growing numbers
- Develop enhanced patient education and peer support, especially for patients with diabetes – peer support has been funded from charitable sources previously
- Plan for increased input into pre-referral interaction with General Practice

What next for workforce?

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- ‘Right size’ medical workforce
- Succession planning within nursing
- Develop additional roles

What next for buildings and service provision?

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- Add in resilience through water plant work at Harrogate
- Replacement building for Easingwold
- Increase in-centre haemodialysis capacity
- Increase in isolation room provision
- Boosting home therapies, including both home haemodialysis and peritoneal dialysis, to promote patient independence and flexibility.
- Growing renal transplantation as a preferred RRT modality, with a specific focus on pre-emptive and live kidney transplants to improve long-term outcomes.

How do we know what good looks like?

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- Renal Registry Annual report
- Compliance with NICE standards
- Renal Quality Dashboard
- Local and regional monitoring and audit of transplant rates
- Patient feedback
- Local mortality audit

What support do we need?

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- Funding for capital schemes
- Increase in service funding to enable the safe management of the growing number of patients through expansion of the MDT
- Increase in the profile of renal disease in the general population– timely intervention, increased awareness and pro-active care will support our service over the next 10 years

Any questions?

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