



## ***Commissioning of Specialist Renal Services***

### **The Kidney Alliance**

The Kidney Alliance is an umbrella group of patient and professional organisations working in renal care - Association of Renal Industry, Association of Renal Managers, British Association for Paediatric Nephrology, British Kidney Patient Association, British Renal Society, British Transplant Society, Kidney Research UK, National Kidney Federation, Renal Association, Renal Nutrition Group, Royal College of Nursing.

### **Kidney care is a complex clinical pathway**

Kidney diseases are a spectrum of disorders across a complex clinical pathway. In its early stages, kidney disease is commonly managed within primary care and the Kidney Alliance supports this approach for early stage disease.

As the disease advances and people approach kidney failure, they require a complex set of highly specialised services including dialysis and transplantation. For every 1000 patients that a GP is responsible for, 100 will have CKD. However, only 2 will have a potential need for dialysis and only 2 will have kidney failure. It is these patients that require more complex clinical care, for which primary care have neither expertise nor resource.

The Kidney Alliance strongly believes that all specialised kidney services as set out in the National Definitions Set must remain within a specialised kidney care service, commissioned nationally, unless or until another arrangement is shown to deliver better quality, outcomes, continuity, capacity and efficiency.

### **Specialist services require direct vertical integration across specialist areas**

The care of a patient who is either on or is being prepared for dialysis is not just a matter of the performance of a single treatment, but a complex care package across many disciplines. For example, a single patient with kidney failure may, in their lifetime, have a transplant, need peritoneal dialysis and then following a second transplant require haemodialysis. During that entire time, medical, nursing, dietetic, pharmaceutical and social expertise would all be required.

Situations such as this require a high degree of direct vertical integration across various specialist areas to ensure that patients have access to life-saving care when they need it. By far the most effective and efficient way of configuring services in this way is to maintain all of these specialised services within a nationally/regionally commissioned set of care that allows the flexibility required. If these services were to be fragmented by the introduction of GP commissioning, the Kidney Alliance is concerned that onward referrals would be slowed down, resulting not only in reductions in efficiency but potentially putting lives at risk.

### **Financial planning and risk management beyond the scope of lone or groups of consortia**

GP commissioning does not represent potential either for improved outcomes or budget savings in care of advanced kidney disease. The specialist nature of each service, combined with the complex, individual pathways followed by patients result in commissioning and

funding requirements that are better-served by a central approach that is capable of dealing with pooled financial risks, can plan strategically over long periods and has the specialist knowledge to provide high quality services efficiently. These requirements include:

- Detailed long term strategic planning, beyond the scope and timescales that GP Consortia will need to follow to ensure the fiscal requirements placed on them are met.
- Significant capital investment in specialised equipment and facilities that, in order to achieve the best value for money, is likely to require an approach beyond the boundaries of GP Consortia (even where several work together).
- Careful geographical placement involving consideration and prioritisation at a higher level than an individual GP Consortium or a group of consortia.

#### **Service integration means every element supports and impacts on the others**

So close is the integration of specialised kidney services that if any single element was to be moved to GP commissioning, it would jeopardise not only the effectiveness of that element but also of the entire service.

Dialysis, for example, requires a great deal of work up and preparation for patients. This has to be carried out by and through specialist centres that know precisely what is needed. If this were to be commissioned by GPs and carried out in a different way, patients would be less prepared, leading to delays. Not only would this impact on the individual patient, but it would also reduce the effectiveness of specialist dialysis services, making them less efficient, worsening outcomes and increasing complications.

Further along the chain, the 19 transplant centres in England that are co-located with dialysis and other specialist renal services rely on dependable dialysis services that maintain prospective transplant patients whilst their multi-disciplinary teams carry out the extensive checks and investigations required (for example kidney transplantation involves a high proportion of live donors. Disruptions to dialysis services and capacity resulting from inadequate workup would have serious consequences for the transplant programme.

#### **Specialised kidney services must be commissioned by the NHS Commissioning Board**

Ancillary services provided by primary care are very important in supporting patients on long-term specialist treatment and their current integration must be maintained under GP consortia commissioning. However, just as the proposed reforms to the NHS include the transfer of commissioning of many services to GPs because they are best-placed to make such decisions, in the case of specialist kidney services as defined in the National Definition Set (including dialysis, transplantation etc.) it is renal specialists who are best-placed to make decisions between specialist services and who must be allowed to do so based on services that are configured in an appropriate way and which are commissioned directly as specialised services.

The Kidney Alliance believes that in order to maintain care for patients and to avoid unnecessary deaths, it is essential that all specialised kidney services as presently defined in the current National Definition Set are retained and continue to be commissioned as specialised services by the NHS Commissioning Board, under advice from the Advisory Group on National Specialised Services (AGNSS).

**For further information please contact our Secretariat**

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