

*From the Rt Hon Rosie Winterton MP
Minister of State*

(DH)

*Department
of Health*

P000000193897

Sir Peter Tapsell MP
House of Commons
Westminster
London SW1 A 0AA

*Richmond House 79
Whitehall London
SW1 A 2NS
Tel: 020 7210 3000*

30 March 2007

Dear Peter,

Thank you for your letter of 6 March enclosing correspondence from Mr Timothy F Statham, Chief Executive of the National Kidney Federation (-) about chronic kidney disease and inequalities in access to dialysis services.

The Department of Health's strategy for kidney services was set out in the *National Service Framework for Renal Services* (the Renal NSF). This is a ten-year modernisation programme that sets national standards and quality requirements for local healthcare commissioners and providers. Part One, published in January 2004, includes quality requirements and identifies markers of good practice in the areas of dialysis and transplantation. These are aimed at raising quality, improving choice and reducing unacceptable variations in care. Part Two of the Renal NSF, published in February 2005, includes measures to improve the identification in primary care of chronic kidney disease and to delay or even prevent the development of the disease. It also includes measures to minimise the impact of acute renal failure, to reduce the number of people who go on to become dependent on dialysis or transplantation, and to extend palliative care to kidney patients at the end of their lives.

Standard 4 of the Renal NSF aims to improve the outcomes for people on dialysis and maximise their rehabilitation, quality of life and survival and takes account of the expected rise in numbers of people with established renal failure. Under Standard 4, the NHS is to ensure the delivery of high quality, clinically appropriate forms of dialysis, which are designed around individual needs and preferences, and which are available to patients of all ages throughout their lives.

The standards and quality requirements set out in the Renal NSF set out a vision of a service that is equitable and integrated and that provides people with the support they need to make individual choices and to manage their own condition.

Delivering the National Service Framework for Renal Services, published in September 2005, sets out progress to date towards implementation of the standards and early actions, together with a review of the modernisation programme supporting the delivery of the Renal NSF as a whole.

The Renal NSF complements *Saving Lives, Valuing Donors: A Transplant Framework for England* and supports our aim to increase the number of kidneys available for transplantation, which will in turn relieve the pressure on haemodialysis facilities.

We have already seen improvement in patient care and support for family carers since we launched the Renal NSF but there is still more work to do to improve renal services. This work is being led by Dr Donal O'Donoghue, who was appointed as National Clinical Director for Kidney Care in January. He has been a consultant renal physician at Salford Royal Hospitals Foundation Trust since 1992, and has been President of the British Renal Society and Treasurer of the Renal Association. Dr O'Donoghue was involved in the development of the Renal NSF and he has supported its implementation, particularly through his role as co-chair of the Renal Advisory Group.

The Department has also supported the NHS directly to develop hospital haemodialysis facilities. Between 2000 and 2006, the Department provided capital funding totalling £60million to the NHS. This was specifically earmarked for developing hospital haemodialysis capacity. Since then, the Department has worked closely with the NHS to support commissioning of new facilities, particularly through a series of co-ordinated Independent Sector procurement programmes.

The significant expansion in the capacity of renal services in secondary care, resulting from the Government's capital investment programme, has made real choice for patients increasingly possible. Sometimes it is a question of providing care differently, rather than providing more care. Allowing more patients to choose home haemodialysis, for example, can relieve the pressure on dialysis rotas, though of course those patients still need support. The National Institute for Health and Clinical Excellence recommended that all suitable patients should be assessed for, and be able to choose, home haemodialysis.

You ask what steps are being taken to extend dialysis services in your constituency and in Lincolnshire as a whole. Renal patients in the north of your constituency may attend dialysis in North and North East Lincolnshire. You may be interested to know that dialysis services in Lincolnshire are covered by the East Midlands Renal Network.

Nationally, renal services are organised on a 'hub and spoke basis' with the clinical expertise and technological infrastructure required for main renal units concentrated in regional centres, like Hull and Leicester. For patient convenience, main renal units establish networks of satellite haemodialysis units. Within the area covered by the East Midlands Renal Network, there are satellite units in operation at Lincoln County Hospital, Boston Dialysis Centre and Skegness Dialysis Centre. The two dialysis centres are operated by independent sector providers.

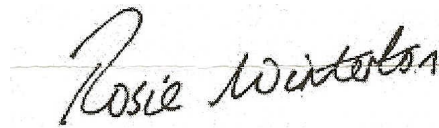
The East Midlands Renal Network reports that the unit at Lincoln County Hospital currently supports four patients on home haemodialysis. The Network is looking at how these numbers can be increased throughout the area it covers.

Department of Health

The Network also provides home visits for patient predialysis and for patients on peritoneal dialysis (PD), with the unit at Lincoln County Hospital providing support to 49 patients on PD.

Further information on the East Midlands Renal Network can be found on its website at: www.eastmidlandsrenalnetwork.org.uk.

I hope this reply is helpful.

A handwritten signature in black ink that reads "Rosie Winterton". The signature is written in a cursive style and is positioned above the printed name.

ROSIE WINTERTON

Approved by the Minister's Private Office and signed electronically in her absence.