

Reflections on Yorkshire and Humber Kidney Network as Transplant Lead

“Models of Commissioning” ...?

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Yorkshire and the Humber Kidney Network

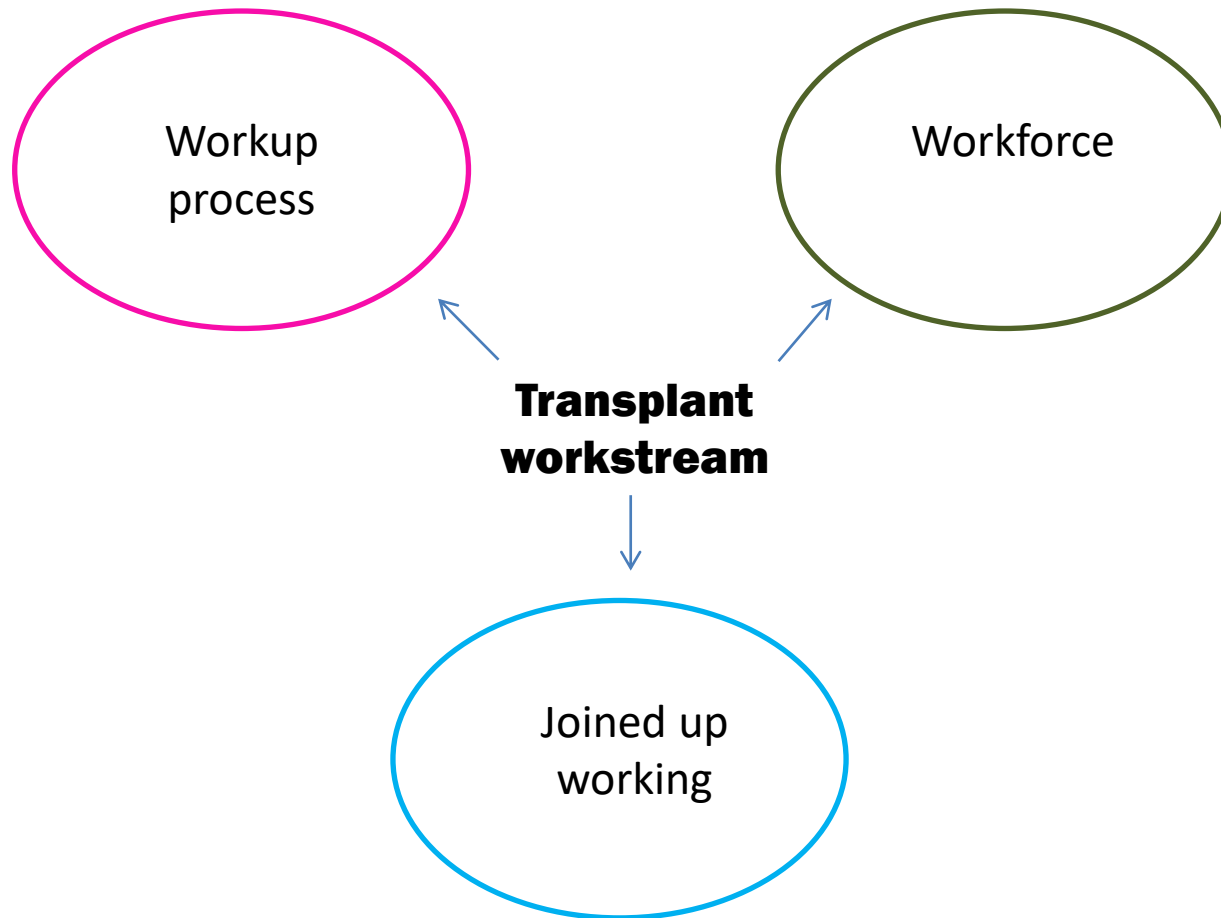
- *...from a transplant perspective*
- Covers 2 renal transplant units
 - Sheffield and Leeds
- And referring units within Yorkshire
 - Bradford, Doncaster, Hull, York



What's new here?

- Yorkshire and Humber wide thinking
 - We did this already, to some degree
 - But YHKN has significantly prioritised that approach
 - Anticipating changes in commissioning structure
- Budget! – funded support
- Focal point for identifying larger scale issues that can be address “system wide” as a region

Yorkshire and the Humber Kidney Network - Transplantation



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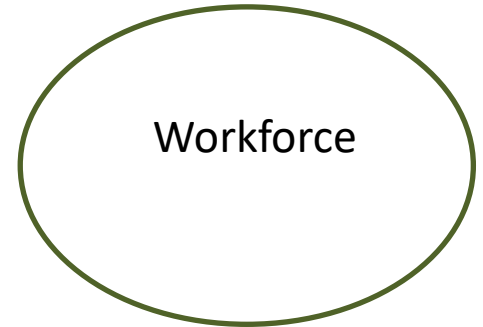


- Across Y&H
 - CVS workup
 - Educational event
 - Current practise
 - Agreed pathway
- Access issues
 - Cardiac stress testing delays
 - MRI delays
 - BMI pathway

Pre-emptive listing KQuIP regional project


- 60% target
- Current upward trend on rolling 3 month average!
- Optimistic prediction – reach 60% in next 6/12

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- Across Y&H
 - Understanding current situation
 - WTEs ppm / ESRD population in relevant roles
 - Building to network level business cases in the future

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Joined up
working

- Understanding current situation
- Sharing good practise
 - e.g. Sheffield patient information videos / system
- Working together
 - Complex cases MDT
 - R&I
- Sharing what works

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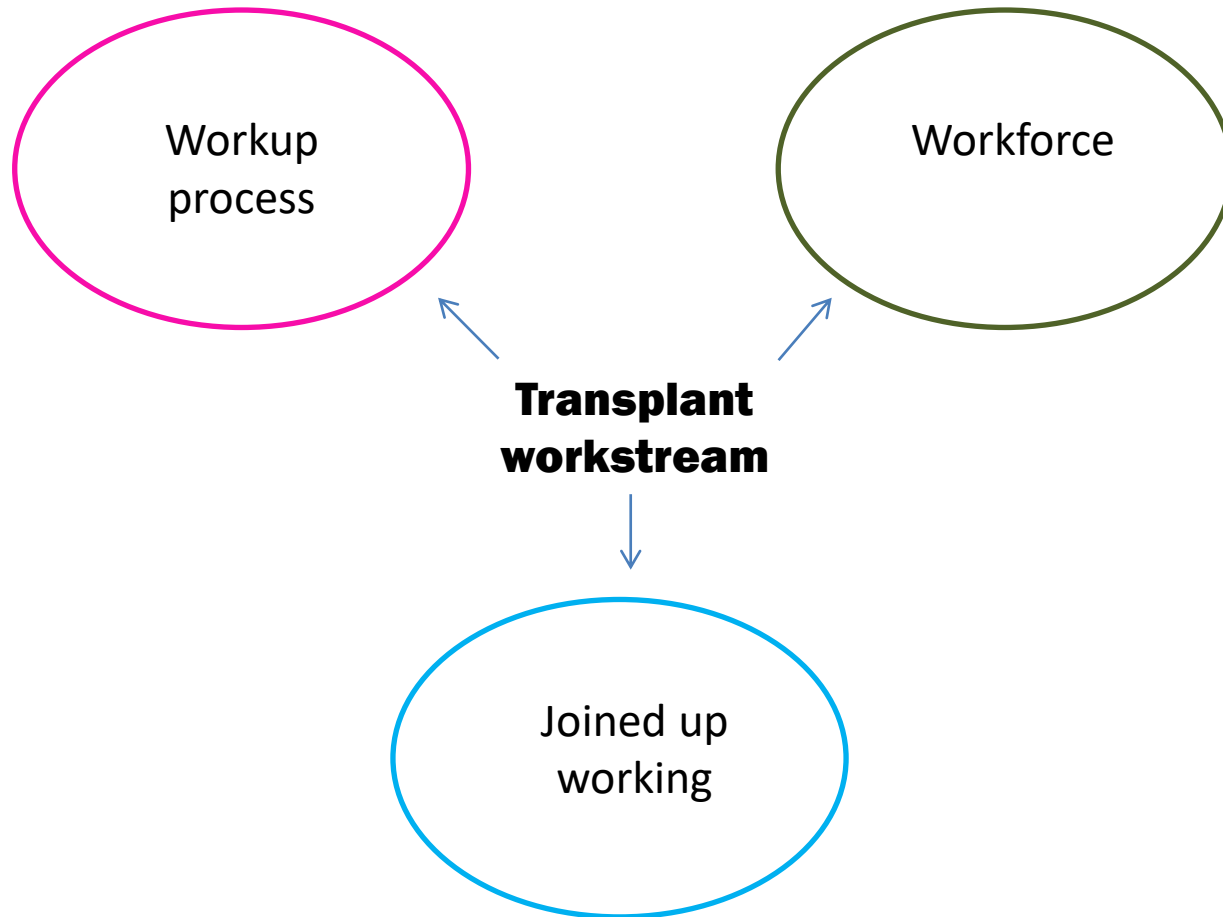
Area	Direction	Needs	Outcomes	Current situation	Timescale
Workup process - BHLy group issues	Supporting each other Considering a different system for information to MDT	MRI Cardiac stress testing BMI Is Patient Pass an appropriate option?	Improvements in regional resources sharing Improvements in regional resources sharing Pathway improvement MWS to find out who set up Patient Pass in Leeds, and liaise with Leeds and BHLy regional coordinators	Limits on possibility identified D/W Network Lead <- Actions	6-12 months
Workup process - CVS (whole Y&H)	Clarity regionally on workup pathways for CVS aspects	Pathway agreement and development <ul style="list-style-type: none"> Understanding evidence Understanding current practise Agreeing new pathway 	Regional pathway	Setting up meeting on evidence Then a meeting on what we're doing New pathway	1 year
Workforce	Understanding current situations	Obtaining information on WTE+ESRD populations / ppm population served	Data from units, by professional breakdown Data on populations (?from NHSE and/or from Renal Registry)	Get data ?via business managers	3 months
Workforce	Network level business cases to create workforce equity	Resource upscale according to ppm / esrd needs	Submitted business cases where required	Future	1 year
Joined up working	Understanding where Sheffield and Leeds Tx units can work together and support each other	MWS to understand Sheffield situation (1st move - to be updated after initial meeting)	Meeting with Veena Reddy, Ravi and Will McKane	Meeting 29/11	2 months
	Y&H region complex cases MDT?	Scope interest across all units	Possibly set up a trial meeting	Send email about this	4-6 months
Patient information	Sharing good practise	MWS to meet with Sheffield team	Shareable information across network?	Meeting with CL and med and surg Tx leads 29/11 Send email to generic Sheffield Tx coordinators email address	1 year
IT	? regional system across Y&H	Understanding contracts	Decision on practicability of this		3-4 months
Sharing what works	Liaise with NE transplant lead	MWS to set up meeting with Carrie	Meeting and sharing	Send email about this	2-3 months
R&I join up	Connect research leads	MWS to identify who and link them up	Linked, option to work together exists	Collating group (needs York and Hull response)	1-2 months

Where does this fit with Live Donation?

- Integrated part of all of the above!



Yorkshire and Humber Strategic Clinical Network



What's going well?

What's challenging?

- Going well
 - Getting things off the ground
 - Relationships across the patch
 - Identifying issues
 - Sharing solutions, being each others' solutions
- Challenges
 - Inclarity re: future commissioning structure
 - Levers for funding re: workforce remain opaque atm

Structural relationships..?

- Other renal services within the network itself
- ICBs – NHSE regional / national (commissioners)
- Northern Renal Transplant Collaborative
- RSTP
- KQuIP
- NHSBT

Where are we going longer term?

- Regional Y&H commissioning
 - Equitable resources based on population needs to ensure equitable access
 - Especially in bringing up referring units
- Increased collaborative working
- Building on each others strengths

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