Impact of NHS Reforms on Renal Services

East of England Training Day

23rd March 2011
It was a Very Good Year

The New National Health Service

Your new National Health Service begins on 5th July. What is it? How do you get it?

It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a "charity". You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness.

1948-?
THE NHS

- Administrative bureaucracy led from Whitehall
- Most centralised public service
- Investment and planning blight
- Poor access to capital
Thatcher’s NHS Reforms, 1989

The NHS: From universal provider to a universal Insurer
A Pivotal Year - 1997

- Reform exhaustion
- Annual competition for funds
- Politically motivated targets

- Low expectations
- Command and Control?
- Exhort and Hope?

A man holding a book titled "Working for Patients" and a red book titled "Labour’s Big Idea".
Things can only get better (1997 – 2007)

...market forces to drive improvements in healthcare...

...80% healthcare budget devolved to ~150 Primary Care Trusts...

...local responsibility and accountability...
• National Institute of Clinical Excellence
• Commission for Health Improvement
• Performance Target Proliferation
• Modernisation Agency
• National Service Frameworks
Localism vs Command and Control – Milburn, 2003

- Foundation Trusts
- GPs in the driving seat
- Rhetoric of consumer choice
- Diagnostic and treatment centres
- Firm commitment to the private sector
- Uniform national prices – PbR
THE PATIENT WILL SEE YOU NOW
REBALANCING RELATIONSHIPS BETWEEN PEOPLE WHO USE SERVICES AND THOSE WHO PROVIDE THEM
Commissioning Specialised Services

- Meltdown following the Milburn reforms
- 303 PCTs and 28 SHAs
- Uncertain lines of responsibility
- NSF without targets and without money
• National Specialised Services Commissioning Group (NSSCG)
• 10 SCGs aligned with SHA (10) boundaries hold responsibility
• SCGs (10) hold budgets pooled from PCT (152) allocations
• Commissioning performance monitored by the Healthcare Commission

...dialysis consumes 2% total NHS budget
...one of 34 designated ‘specialised’ conditions...
• Builds on previous interconnected reforms
• Focus on outcomes, less on structure and process
• NHS Constitution
• Rewards for good providers, penalties for the bad
• Annual quality reports from providers
• Personal Health Budgets for long term conditions
• PCTs to fund drugs approved by NICE
• More influence for SHAs
• No new national targets
• Rise and demise of Polyclinics

...bored everybody to tears...
...the NHS didn’t figure in the 2010 General Election...
Equity and Excellence: Liberating the NHS, 2010

Andrew Lansley MP
Secretary of State for Health
• Independent National Commissioning Board (NCB)
• Abolition of SHAs and PCTs
• GP Consortia most of responsibility for NHS budget
• Local Authorities new role in Public Health
• ‘Markets not Targets’ to drive health improvement
• Greater autonomy for Foundation Trusts
• Independent sector encouraged to compete
• Compete on price (ie can undercut tariff)
• New Economic Regulator
• Care Quality Commission licences and ‘inspects’ providers
Liberating the NHS, 2010 – Miss-selling?

Andrew Lansley claims radical NHS reform is necessary to drive up the UK’s poor health outcomes compared with the rest of Europe. But is our record really so bad, questions health economist John Appleby?

On trends since 1979, UK standardised death rates for myocardial infarction will be lower than in France by 2012.

UK standardised myocardial infarction death rate per 100,000 population (41) is twice that of France (19) - but UK death rates fell faster than any other European country between 1980 and 2006.
Equity and Excellence: Liberating the NHS, 2010

• How effective GPs in commissioning care?
• Will the government allow unsuccessful providers to fail?
• Can this change be brought about while saving £20bn?
• Collaboration supported while encouraging competition?
• Health Policy – an Evidence Free Zone?
• Whither Specialised Commissioning?

...Milburn rebuffs Lansley’s offer to chair NCB...
A Historical Perspective

‘The Lucky Thirteen’
Pioneer dialysis patients at the Royal Free 1964
Dialysis, the first technological substitution for organ function, is significant not only for the patients who benefited. It contributed to the emergence of the field of medical ethics and the development of the nurse specialist, and it transformed the relationship between physicians and patients by allowing patients to control their treatment.

This seminar drew on participants' recollections of dialysis from the early, practically experimental days after the Second World War, when resources for research were scant, until the 1980s when it had become an established form of treatment. Pioneers from the first UK dialysis units recalled the creation of the specialty of nephrology amid discouragement from renal physicians and the MRC, that felt that the artificial kidney was a gadget that would not last.

International and interdisciplinary collaborations and interactions between industry and clinic in developing and utilising the specialist technology were emphasized. Patients, carers, nurses, technicians and doctors reminisced about their experiences of home dialysis, its complications, adverse reactions and impact on family life, as well as the physical effects of surviving on long-term dialysis before transplantation became routine.


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HD Schedules and Adequacy

Why did we stop at three?

• 1x24 hr weekly life saving
• 2x12 hr weekly felt better
• 3x8 hr weekly much better
• 6x4 hr weekly ended in tears
Haemodialysis stations 1979

- European average: 20.8 pmp
- Belgium: 49.9 pmp
- France: 36.4 pmp
- UK: 9.8 pmp
Unique Dialysis Demography in UK

Contrasts in dialysis demography between the UK and Europe as a whole

Patients %

UK
- Home HD: 770
- CPD: 4300
- Hosp HD: 4240

Europe
- Home HD: 3700
- CPD: 17200
- Hosp HD: 101940

Thatcher’s NHS Reforms, 1989

The NHS: From universal provider to a universal Insurer
Figure 4.3: Growth in prevalent patients, by treatment modality at the end of each year 1982-2008
• HD mortality in US 23.5% pa
• Half patients underdialysed and malnourished
• Private Provision
• Tight reimbursement system
• Revelations about corner cutting
• Creatinine levels useless in dialysis
• HCFA introducing standards, Kt/V etc
ICHD – A Commodity (article of trade)

- convergence of practice
- 3 x 4hr standard worldwide
- slots into choice agenda
- PbR – uniform tariff
- commercialisation

....fossilised by fusion of affordability, reimbursement and guideline culture....
• National Specialised Services Commissioning Group (NSSCG)
• 10 SCGs aligned with SHA (10) boundaries hold responsibility
• SCGs (10) hold budgets pooled from PCT (152) allocations
• Commissioning performance monitored by the Healthcare Commission

...dialysis consumes 2% total NHS budget
...one of 34 designated ‘specialised’ conditions...
Sites for New Renal Units Identified

Table 3 - Proposed expansion haemodialysis stations by PCT to 2015

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Figure 4 – location of haemodialysis patients and current hospital/satellite haemodialysis units

Expansion of HD Stations by PCT
Great strides in technology
Standard ICHD - Limitations

- high cardiovascular mortality in ESRF
- unaffected by 3x week dialysis

Standard CHD - Limitations

- survival very poor
- more powerful dialysis doesn’t help

HEMO Trial (USA 2002)
Weekly dose of Dialysis: Standard Kt/V (stdKt/V)

Gotch, 1999
Frequent Hemodialysis Network

Daily Hemodialysis

3rd Randomized Clinical Trial in HD in 30 years

ASN Denver November 2010
In the FHN trial a 'body surface area normalized' target stdKt/V was used
Death/LVM Composite Outcome

HR = 0.61
95% CI: (0.46 - 0.82)
P < 0.001
## Main Secondary Outcome Results

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<th>Outcome Measure</th>
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<td>Physical Health Composite</td>
<td>+ Mean Δ</td>
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<td>Beck Depression Inventory</td>
<td>- Mean Δ</td>
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<td>Predialysis Albumin + Mean Δ</td>
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<td>Predialysis Phosphorus</td>
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<td>ESA Dose</td>
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<td>Predialysis Systolic BP</td>
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<td>Trail Making B</td>
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<td>Non-Access Hosp. or Death</td>
<td>- Log HR</td>
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Recent Developments - Mobile HD Machines – At Last!

Home

Travel
Mobile Machine (3) - DEKA

- Heat sterilise
- Re-use
- Bicarbonate
- Sterile water
- Concentrate
- Drain
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Exciting Times!