Title of the Committee Paper

WELSH RENAL CLINICAL NETWORK:
Unit Haemodialysis Transport

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Purpose of the Committee Paper

This purpose of this report is to brief the Joint Committee on the outcome of the Unit Haemodialysis Transport Workshop and seek approval for the proposed recommendations.

Joint Committee / Committee Resolution (insert ✓) to:

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<thead>
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<th>APPROVE</th>
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<th>ENDORSE</th>
<th>SUPPORT</th>
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<th>NOTE</th>
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Recommendation

- **NOTE** the report and the views of the Management Group however, this report is supported by the WRCN as a sub committee of the Joint Committee;
- **APPROVE** the recommended standards for unit haemodialysis transport (these will be then be included in the NEPT enhanced service specification);
- **APPROVE** the recommendation that there should be a single commissioner for unit haemodialysis transport (this will inform the NEPT discussions for commissioning); and
- **NOTE** the NEPT transformation work is seeking a single commissioner and honest broker role
and that the two work streams are aligned with the WRCN agenda.

For the Dialysis Reimbursement Scheme:

- **APPROVE** the reimbursement scheme for unit haemodialysis travel with implementation only proceeding once its commissioning policy is agreed through the WHSSC Management Group;
- **APPROVE** the proposal for the Dialysis Reimbursement Scheme to become a discrete mobility category and that net cost to the NEPT Service Level Agreements will be underwritten by the WRCN; and
- **SUPPORT** the need to protect the role of the dialysis transport hub as a key component for any commissioning arrangement and delivery of the Dialysis Reimbursement Scheme.

### Governance

| Link to WHSSC Strategic Objective(s) | This paper links with the following strategic objectives:
<table>
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<tr>
<td></td>
<td>• to generate a stronger approach to Quality; and</td>
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<td></td>
<td>• to improve WHSSC’s ways of working: business process; communications; performance management.</td>
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| Link to Integrated Commissioning Plan | This potentially creates a submission for the 2015/16 annual plan. |

| Supporting evidence | Patient concerns. Serious incidents. |

#### Engagement – Who has been involved in this work?

- Welsh Government Officials.
- WHSSC Officers.
- Patient Representatives.
- Unit Haemodialysis services
- Transport providers (WAST / Independent Sector / CTA
- Health Board Transport leads
The proposed standards, commissioning arrangements and reimbursement scheme was considered by Management Group on 25th June 2015:

- Standards – the proposed standards were **supported in principle** to provide the basis of the WRCN requirements for the enhanced service standard as part of the NEPT project. However, this was subject to the NEPT project completing an appropriate financial impact assessment to ensure the full set of proposals was both deliverable and affordable.

- Commissioning arrangements – there was **support in principle** for a single commissioner, subject to the final recommendations of the overall NEPT project.

- Reimbursement – the proposal to extend reimbursement arrangements was **not supported**. There were residual concerns around equality; precedent and the net financial impact of reimbursement from extending coverage to those patients currently using their own transport. Management Group requested a further financial appraisal be undertaken to set out the value for money and financial impact assessment.

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**Commissioner Health Board affected**

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<thead>
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<th>Commissioner Health Board affected</th>
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<tr>
<td>Abertawe Bro Morgannwg</td>
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**Provider Health Board affected**

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<th>Provider Health Board affected</th>
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<tr>
<td>Abertawe Bro Morgannwg</td>
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**Summarise the Impact of the Committee Paper**

**Equality and diversity**

Current arrangements vary across Wales and the intention of the paper is to lead to standardised performance and access. The wider NEPT project recognises that enhanced services are required for some patient groups.

**Legal implications**

Compliance with statutory and non statutory requirements in relation to governance practices.
There are potential legal implications pertaining to reimbursement.

<table>
<thead>
<tr>
<th><strong>Population Health</strong></th>
<th>Significant impact on the health and well-being of dialysing population.</th>
</tr>
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<tbody>
<tr>
<td><strong>Quality, Safety &amp; Patient Experience</strong></td>
<td>Strong governance mechanisms will indirectly improve quality of service and patient safety and experience. Enhanced standards are designed to reduce risk to patients.</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>There will be financial implications from this report and a detailed financial assessment will be prepared for the suggested workshop.</td>
</tr>
<tr>
<td><strong>Risks and Assurance</strong></td>
<td>Strong governance mechanisms will ensure good risk management and board assurance</td>
</tr>
<tr>
<td><strong>Standards for Health Services</strong></td>
<td>Access to the Standards can be obtained from the following link.</td>
</tr>
<tr>
<td></td>
<td>Standard 1: Governance and Accountability Framework</td>
</tr>
<tr>
<td></td>
<td>Standard 5. Citizen Engagement and Feedback</td>
</tr>
<tr>
<td></td>
<td>Standard 7. Safe and Clinically Effective Care</td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
<td>n/a</td>
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WELSH RENAL CLINICAL NETWORK: UNIT HAEMODIALYSIS TRANSPORT

1. SITUATION/INTRODUCTION

Following the presentation of safety concerns regarding unit haemodialysis transport services to the November 2014 Joint Committee meeting, the Welsh Renal Clinical Network (WRCN) was asked to facilitate a workshop with stakeholders to agree recommendations around: quality and safety focussed standards, commissioning model and the implementation of reimbursement.

2. BACKGROUND

The Welsh Health Circular (005) 2007 acknowledges that transport to and from unit haemodialysis is an intrinsic part of treatment and as a result patients receiving unit based haemodialysis are automatically eligible for patient transport. Unit haemodialysis patients are a unique client group – each patient undertaking over 300 journeys to and from treatment annually.

The Joint Committee has previously received evidence that that the current arrangements introduce avoidable clinical risk, ineffective use of resources and poor patient experience. Examples include:

- Excessive delays for patients to return home with many routine journeys handed over to EMS; and
- Curtailment of prescribed treatment due to transport arriving late to start treatment and this is linked to increased morbidity and mortality.

Patient groups wrote to the Minister in July 2014 and met with his representatives in October 2014 highlighting their concerns about patient experience and safety and challenging the delay in implementing the dialysis transport reimbursement scheme.

Three key issues were identified by the WRCN as requiring action and were workshop agenda items:

- Standards and Performance Indicators. Current arrangements meant that poor performance for dialysis could be hidden within ‘good’ generic transport Key Performance Indicators;
- Commissioning arrangements. Current arrangements are complex and based on an arbitrary split between Health Boards and the WRCN that hinders performance management and delivery; and
- Reimbursement. Partially implemented. Option to extend across Wales has been costed but there is no agreement on proceeding.
3. **WORKSHOP**

The workshop was held on 12 March 2015. Stakeholder representation included:

- NHS and Independent Sector service providers;
- Health Board commissioners;
- Welsh Government
- Representatives from Patient Groups and Charities;
- Community health councils;
- Dialysis services; and
- Individual patients.

The workshop opened with a presentation of patient stories which had been recorded by a patient charity with the support of the WRCN and Welsh Ambulance Service NHS Trust.

Whilst hard hitting, the messages were clear about the importance of effective transport to and from unit haemodialysis and the potential harm to patients when this doesn’t happen. A number of patients in the audience relayed their personal experiences which were consistent with the patient stories in the film.

There was consensus that the status quo was not appropriate and change was needed to improve the quality and patient safety aspects of unit haemodialysis transport.

4. **MAIN ISSUES**

4.1 **Standards**

It was collectively agreed that the current KPIs are not fit for purpose. Agreement was reached on setting out a clear policy headline that **no harm should occur as a result of poor transport** and that this was supported by a set of standards, key performance indicators and outcomes.

An implementation process of improving from a baseline would be required. *See Appendix 1*

4.2 **Commissioning**

Options for commissioning were explored with the workshop attendees and SWOT analysis for each option completed. There was clear agreement that the current arrangements for commissioning and provision need to be simplified to deliver a more effective and responsive service for patients that reduced delay and avoidable risk. *See Appendix 2*
4.3 Reimbursement

Debate was had about the extent to which reimbursement fitted with wider Welsh Government policy and strategy intentions. It was felt that the WRCN proposal was consistent with current and proposed plans. There was recognition that the dialysis cohort is unique and as such justification for a bespoke arrangement was sensible and represented good value for money given that the transport was an intrinsic part of the treatment package.

There was **unanimous agreement that reimbursement offered a prudent option for unit haemodialysis transport.** The difficulty is in implementing the process since there were concerns about funding. It was unclear whether this required net investment, offsetting of activity with net investment or whether this needed to be implemented with discrete mobility criteria and adjusted within Health Board Service Level agreements.

5. WORKSHOP OUTPUT

The following recommendations were unanimously agreed at the workshop.

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**Recommendation 1 – Standards for Unit Haemodialysis Transport**

**National Policy statement**
- No patient should experience harm as a result of poor transport arrangements to and from unit haemodialysis

**Standards**
- Standard 1 – Patients are to have a journey time of 30 minutes or less to and from unit haemodialysis
- Standard 2 - Patients are to arrive at the renal unit within 30 minutes of their appointment time but not late
- Standard 3 - Patients should be picked up within 30 minutes of their ready time following dialysis

**Key Performance Indicators**
- 90% of patients are to have a journey time of 30 minutes or less to and from unit haemodialysis
- 95% of patients are to arrive at the renal unit within 30 minutes of their appointment time but not late
- 95% of patients should be picked up within 30 minutes of their ready time following dialysis
**Outcomes**

- No Serious Adverse Incidents related to missed treatment or reduction in prescribed treatment for patients due to unavailability of transport;
- Reduction in number of complaints to transport providers and commissioners about the timeliness of transport to and from unit haemodialysis (compared to 2014/15 baseline);
- Increased patient satisfaction in the delivery of transport to and from unit haemodialysis as measured through Annual Survey conducted by the WRCN.

**Recommendation 2 – Commissioning**

Commissioning of unit haemodialysis transport should be the responsibility of one organisation on behalf of NHS Wales.

**Recommendation 3 – Reimbursement**

Reimbursement is a high value option for transport and should be considered as a formal mobility category alongside T1 and C1-C6 categories for unit haemodialysis transport.

It should be implemented across Wales with the Renal Transport Hub coordinating and collating the cost. The cost will be attributed to the Service Level Agreements and managed within the agreed tolerances.

The main concerns of patients and group representatives were:

1. change needs to happen as quickly as possible given the longevity of the problems with unit haemodialysis transport.
2. the dialysis transport hub should continue as a discrete resource as it provides a valued key point of communication for patients and unit staff; facilitates mobility assessments, maintains up to date records of patient and unit requirements, adverse weather planning and that designs optimum journey plans via ‘masks’ for the transport providers to utilise where possible.
3. transport providers need to use the planning and communication expertise of the dialysis transport hub more effectively than they presently do.
6. REIMBURSEMENT FUNDING

Further details are provided in Appendix 3.

The WRCN can evidence inefficiencies related to resource management, planning and day control that if challenged would reduce the cost and improve the quality of the NEPT services.

The NEPT transformation project is working on such improvements and expects savings against current spend. The pace of this work however is not likely to deliver significant changes in the short term.

To bridge this, it is proposed that the Dialysis Reimbursement Scheme is made available universally to Welsh Unit Haemodialysis patients as an additional mobility category. This can be quickly and easily achieved through changing to the booking process. The cost of the DRS should be put against existing NEPT Service Level Agreements and any over-performance and additional cost above the agreed SLA tolerances will be funded by the WRCN. The benefits of this option include:

- Prompt roll-out of the scheme across Wales removing inequity of access
  - Removing an additional cohort of patients from the total requiring hospital transport
  - Retaining circa 160-180 patients off of hospital transport
- Clear commitment by Welsh Government and NHS Wales to improve transport for this vulnerable group
- Financial risk can be managed during the short term whilst the NEPT transformation project can deliver further efficiencies across all of the NEPT service.
- The WRCN has put aside savings from the immunosuppression project to cover the potential financial risk.

This would be coordinated by the Renal Transport Hub who would be able to quality assure the process and its related cost.

7. IMPLICATIONS OF REIMBURSEMENT

Legal advice has been sought regarding wider implications of offering the Dialysis Reimbursement Scheme i.e. could this extend to other patient cohorts.

The advice has been based upon the application of Welsh Health Circular (2007) 005 “All-Wales Protocol for Non-Emergency Patient Transport Eligibility Criteria and the Introduction of Regional Contact Centres to Manage the Booking of Patient Transport in Wales.” Key points are:

- The WHC identifies six categories of patients who can be treated differently from the entire patient population in terms of their eligibility for non-emergency patient transport.
The next step would be to identify why dialysis patients should, and can, be treated differently from those who fall into the other categories set out in WHC (including cancer patients) for the purposes of reimbursement of transport costs.

There would need to be a clear rationale and set of criteria, so that any patient reading the reimbursement policy could understand whether he/she falls within it and if not, why not.

Even so, there would also need to be a mechanism for considering claims on grounds of exceptionality, in case any other patient can bring him/herself within the remit of the policy.

Therefore before implementation, further work is required to create a commissioning policy that distinguishes the six cohorts who are automatically eligible to Non Emergency Patient Transport. It is proposed that this is developed consistent with other WHSSC commissioning policies and its approval is through the WHSSC Management Group.

At a national policy level, Welsh Government has confirmed that the Dialysis Reimbursement Scheme would not be inconsistent with its intended changes to the Healthcare Travel Cost Scheme.

8. NON EMERGENCY PATIENT TRANSPORT - TRANSFORMATION

Health Board and the Welsh Ambulance Service NHS Trust are undertaking a transformation project for Non Emergency Patient Transport.

A generic service specification is in development, which includes a section on ‘enhanced’ transport services, which would include unit haemodialysis transport. These draft proposals and approach, if delivered, have the potential to improve the delivery of unit haemodialysis transport (the critical difference for enhanced services being the relative priority and bespoke standards).

The NEPT Transformation Project is expected to recommend a single commissioner for NEPT. Whether this should include unit haemodialysis or have this aspect undertaken on their behalf by the WRCN is subject to further discussion.

The NEPT Transformation project is also pursuing an ‘honest broker’ approach to the planning and allocation of activity. The WRCN has a well established renal transport team that provides planning and assurance activities. The WRCN renal hub would continue in its function to support a national honest broker for unit haemodialysis transport requirements (and could have its role extended to include other enhanced services such as chemotherapy / radiotherapy transport).
7. **CONCLUSIONS**

The focus of the workshop was to identify mechanisms that would improve the safety of unit haemodialysis transport given the concerns around missed and reduced treatment as well as inappropriate and inefficient use of resources.

The proposed standards are based on safety and reduction of potential harm. Whilst challenging, these appear deliverable when considered alongside the objectives and vision of the Non Emergency Patient Transport Transformation Project.

Implementation will need to be carefully undertaken with clear commissioning and performance management arrangements.

9. **RECOMMENDATIONS**

The Joint Committee is asked to:

- **NOTE** the report and the views of the Management Group however, this report is supported by the WRCN as a sub committee of the Joint Committee;
- **APPROVE** the recommended standards for unit haemodialysis transport (these will be then be included in the NEPT enhanced service specification);
- **APPROVE** the recommendation that there should be a single commissioner for unit haemodialysis transport (this will inform the NEPT discussions for commissioning); and
- **NOTE** the NEPT transformation work is seeking a single commissioner and honest broker role and that the two work streams are aligned with the WRCN agenda.

For the Dialysis Reimbursement Scheme:

- **APPROVE** the reimbursement scheme for unit haemodialysis travel with implementation only proceeding once its commissioning policy is agreed through the WHSSC Management Group;
- **APPROVE** the proposal for the Dialysis Reimbursement Scheme to become a discrete mobility category and that net cost to the NEPT Service Level Agreements will be underwritten by the WRCN; and
- **SUPPORT** the need to protect the role of the dialysis transport hub as a key component for any commissioning arrangement and delivery of the Dialysis Reimbursement Scheme.
## APPENDIX 1 – Standards

<table>
<thead>
<tr>
<th>National Policy statement</th>
<th>Comment / Discussion / Rationale</th>
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<tbody>
<tr>
<td>No patient should experience harm as a result of poor transport arrangements to and from unit haemodialysis</td>
<td>It was felt by the workshop that this was the fundamental requirement.</td>
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</table>

### Standards

<table>
<thead>
<tr>
<th>Standard 1 – Patients are to have a journey time of 30 minutes or less to and from unit haemodialysis</th>
<th>The workshop received planning information that confirmed the majority of the Welsh population live well within 30 minutes of a dialysis unit. Patient representatives confirmed that this felt about right as it provided some flexibility for multiple pick ups / drop offs if planned and delivered appropriately.</th>
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<tbody>
<tr>
<td>Standard 2 - Patients are to arrive at the renal unit within 30 minutes of their appointment time but not late</td>
<td>This was a key safety requirement such that patients are not left alone in advance of units opening for extended period of time and that all patients start on time thus eliminating pressure to finish treatment early in order to meet transport requirements.</td>
</tr>
<tr>
<td>Standard 3 - Patients should be picked up within 30 minutes of their ready time following dialysis</td>
<td>General agreement that this was a reasonable balance between patients wanting to travel home as quickly as possible and providing reasonable operational flexibility.</td>
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### Key Performance Indicators
90% of patients are to have a journey time of 30 minutes or less to and from unit haemodialysis

An extensive debate was had about whether to have percentages and then what level to be set.

The NEPT Transformation will include a reduction in service provision for general transport requirements through changes in the Patient Needs Assessment and redirection of patient cohorts to alternative transport options.

It is proposed that resources would then be redirected to other patient groups including the enhanced services.

The principle is that a better service can be provided to those patients most needing it.

Performance against these targets would increase over an agreed implementation from the 2014/15 baseline.

Release of capacity would also be facilitated through the national implementation of the dialysis reimbursement scheme.

95% of patients are to arrive at the renal unit within 30 minutes of their appointment time but not late

95% of patients should be picked up within 30 minutes of their ready time following dialysis

Outcomes

| No Serious Adverse Incidents related to missed treatment or reduction in prescribed treatment for patients due to unavailability of transport; | Data and performance to be compared to 2014/15 baseline. These outcomes would help determine if the service is safe and meeting patient requirements. |
| Reduction in number of complaints to transport providers and commissioners about the timeliness of transport to and from unit haemodialysis | |
| Increased patient satisfaction in the delivery of transport to and from unit haemodialysis as measured through Annual Survey conducted by the WRCN |   |
**APPENDIX 2 – COMMISSIONING**

**Multiple Commissioners (Current)**

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<tr>
<th><strong>Strengths</strong></th>
<th><strong>Weaknesses</strong></th>
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| - LHBs can control services, monitor service provision and costs/funding for their own population.  
- LHBs can cross subsidise renal and non renal PCS.  
- LHBs have no responsibility to fund growth in demand directly (but do so through the WHSSC allocation to the WRCN). | - Detachment from performance and delivery  
- Limited quality assurance – outputs rather than outcomes  
- Variation in SLA aspects, tolerances, etc  
- Residency versus treatment centre confuses governance responsibilities (e.g. delegation of commissioning for some regional services)  
- No single commissioning view of NEPTs preventing large scale change  
- Variation is funding agreements  
- Difficult to ascertain actual cost of renal journeys due to cross subsidy with non renal journeys.  
- Individual SLAs prevent / delay All Wales implementation of changes that might benefit nationally whilst have a perceived local negative implication. |

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<thead>
<tr>
<th><strong>Opportunities</strong></th>
<th><strong>Threats</strong></th>
</tr>
</thead>
</table>
| - The current commissioning arrangements offer no obvious opportunities for service improvement, although, in theory, LHBs could collaborate with each other and WRCN, but attempts to do this have, as yet, not succeeded. | - Clinical care is being compromised.  
- Commissioners are not systematically aware of poor performance, serious adverse incidents  
- The misunderstanding/masking of renal service poor performance prevents the service from being properly evaluated.  
- Funding cannot be efficiently and appropriately targeted as patient need and location change constantly but the service doesn’t respond in timely fashion.  
- Commissioning with one main provider limits scope for competitiveness and value for money  
- Patient complaints difficult to resolve as responsibility for service is unclear |
## Single Commissioner (Proposed)

### Strengths
- Single set of standards and performance management framework
- Single ‘Whole system’ view
  - Improved capability for performance management
- Allow for full appreciation of any change / challenge
- Alignment of accountability and responsibility
- Streamlined governance arrangements
- Oversight for equity of opportunity and access
- Increased market forces
- Single point for citizens, service users and providers
- Single funding framework

### Weaknesses
- Removal of cross-subsidisation between renal and non-renal (the ‘sum may cost more than the whole’)
- Renal and non-renal activity will continue using same resources so operational improvements may not be extensive

### Opportunities
- Expedited / streamlined decision-making
- Egalitarian approach (“Country rather than Club”)
- Simplified route of challenge and assurance for value, value for money and benchmarking
- Consistent implementation across Wales

### Threats
- Misalignment with NEPT service specification would hinder operational delivery
- Cost of any disssagregation of renal and non-renal would need to be via an agreed process (not necessarily perfect but workable)
- Transfer of budgetary resource needs to not destabilise new and current commissioning arrangements
- Need agreement on retention of Unit Haemodialysis Renal Transport hub and expertise
  - (Any single commissioner other than WRCN would require the staffing and knowledge which the Renal Transport Manager and Renal Hub provide)
APPENDIX 3 - REIMBURSEMENT

Key issues

1. Policy perspective

Welsh Government is consulting on reimbursement to and from healthcare treatment. The WRCN has been part of this process from an early stage. The Dialysis Reimbursement Scheme is different to the generic reimbursement proposals – it involves a higher rate of reimbursement (as it treats the patient as their own Ambulance Volunteer Car Driver) and is universally available to unit haemodialysis patients.

Opinion is that this alternative approach is appropriate on the following grounds:

- The Welsh Health Circular (005) 2007 acknowledges that transport to and from unit haemodialysis is an intrinsic part of treatment and as a result patients receiving unit based haemodialysis are automatically eligible for patient transport.
- Unit haemodialysis patients are a unique client group – each patient undertaking over 300 journeys to and from treatment annually. The nearest comparable group is patients requiring daily chemotherapy over a period of 6-10 weeks.

2. Service user perspective

Patients currently using the DRS are very satisfied with the independence and flexibility it offers. Many patients find ways of maintaining this even when they are unable to drive themselves e.g. spouse or relative and it is evidenced therefore to keep patients off of hospital booked transport.

3. Commissioner perspective

The value for money is transparent as it is cheaper than a volunteer car driver as no dead mileage is incurred nor is there an overhead charge.

It is significantly cheaper than using ambulance vehicles.

4. Provider perspective

It was noted the potential impact onto NEPT service should patients currently using the DRS return back to hospital booked transport would be significant. It is agreed to be a viable alternative.

There was unanimous agreement that the Dialysis Reimbursement Scheme is a positive option for enabling patients to travel to and from unit haemodialysis. It supported patient independence, improved patient experience and satisfaction with their care and was a significantly lower resource requirement than other transport alternatives.
The issue was how to implement beyond the areas currently commissioned by the WRCN i.e. how will other commissioners roll this out and this is dependent upon agreement around the finances for reimbursement.

5. Financial issues

A full financial impact assessment is not currently possible as the NEPT transformation project has yet to produce financial data or evaluation. It is unclear if net funding would be necessary or whether this could be accommodated within the NEPT income / expenditure as a result of off-setting and efficiencies.

The WRCN has calculated the cost of the DRS.

Currently, the WRCN is funding 68 patients across five units at a cost of £88,000 per annum. A further 211 patients (See table below) wish to use the DRS at the other units in Wales including 31 who currently use hospital booked transport (the remainder already travel independently either at own cost or the generic hospital reimbursement scheme if in receipt of benefits). The cost of extending this would be circa £220,000 per annum. **This would move and retain 20-25% of unit haemodialysis patients off of hospital booked transport.**

<table>
<thead>
<tr>
<th>Units with reimbursement <strong>NOT</strong> implemented</th>
<th>Number of patients wanting to participate in reimbursement</th>
<th>Currently using ambulance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangor</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Alltwen</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Glan Clwyd</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Wrexham</td>
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<td>3</td>
</tr>
<tr>
<td>Welshpool</td>
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<td>8</td>
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<td>West Wing</td>
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<td>UHW Main</td>
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<td>Llantrisant</td>
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</tr>
<tr>
<td>Morriston Main</td>
<td>29</td>
<td>9</td>
</tr>
<tr>
<td>Aberystwyth</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>180</strong></td>
<td><strong>31</strong></td>
</tr>
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</table>

**Options**

a. New net funding from NHS Wales / Welsh Government to WRCN to manage as per other units.

_S: Positive message and clear commitment from Welsh Government to enable the roll-out of reimbursement._

_W: Affordability within Welsh Government plans_
b. Redirect existing funds from the WAST / Health Board Service Level agreements
   
   **S:** Likely to be affordable within existing resources

   **W:** Lack of clarity / agreed mechanisms between Health Boards and WAST to do so. SLAs current have a tolerance levels which would prevent this as the relative volume of patients being removed from the transport requirements is well below the tolerance threshold. (But)Could be done if all parties agreed to approach.

   Longer timescales for negotiation

   c. Individual Health Boards fund their local reimbursement requirements. (WAST / WRCN facilitates as per existing reimbursement arrangements and invoices the resident Health Boards).

   **S:** Would be based on actual spend which is likely to be lower than planned as most dialysis patients miss a small number of sessions due to ill health through the year.

   **W:** Some risk of affordability if higher than expected. Could be offset against SLA performance if agreed between Health Boards and WAST.

   Longer timescales for negotiation

   d. Introduce reimbursement as an agreed mobility category for dialysis patients during 2015/16 onwards and monitor impact on the Health Board Service Level Agreements and adjust according to current tolerances.

   **S:** Some / all of the net cost could be offset by SLA underperformance. Approach would underpin reimbursement as a legitimate and appropriate transport option. By including as a mobility category, would avoid the issue of tolerance that has to date prevented the off-setting of costs because of relative low volume.

   **W:** Uncertainty of wider SLA performance and cost (although robust application of generic Patient Needs Assessment is expected to reduce general NEPT activity).

   Longer timescales for negotiation

   e. WRCN funds reimbursement category with all other dialysis transport funded by the Health Boards through their Service Level Agreements.

   **S:** Affordable within the remainder of the immunosuppression savings.

   Likely to be the quickest option.

   **W:** Not seen as an integral part of transport options but as a ‘add-on’.
Opportunity cost against service growth / needs in other areas requiring the WRCN to return to Joint Committee for additional funding at later date.
Growing evidence that net investment is not be needed to implement this based on improved efficiency and reduction in demand

Post workshop discussions have continued around the mechanism of enabling reimbursement.

The NEPT Transformation project has yet to provide a financial analysis and impact assessment of its proposed changes. There is an expectation that a more disciplined application of the Patient Needs Assessment alongside improved resource management will release efficiencies and cost savings against current practice and activity. These savings are to be targeted at service delivery improvements and closing performance / safety gaps including unit haemodialysis transport.

Correspondence continues to be received by Health Boards and Welsh Government about the lack of equitable access to the scheme despite its obvious advantages.

The quick introduction of the Dialysis Reimbursement Scheme would:
- Eliminate the current inequitable access to reimbursement across Wales and associated correspondence and complaints to AMs, MPs and Health Boards.
- Deliver a wide ranging improvement that would be viewed as patient focussed and representing good value for money
- Reduce the number of patients currently using hospital transport by circa 30 patients
- Keep a further 160-180 patients off of hospital transport (which they are entitled to use if they chose to)
- Cessation of ongoing correspondence and complaints

Most of the funding options would require extensive negotiations and discussions and unlikely to be resolved quickly.

The quickest two options would be for net investment from Welsh Government or for the WRCN to fund all reimbursement. However, it is unclear if net investment is required as financial information from WAST has not been made available.
This should be tested through the introduction of DRS as a mobility category and this activity included within the NEPT Service Level Agreements. Should DRS activity cause an over performance against tolerance the WRCN would underwrite this with its residual savings from the immunosuppression project.

**Recommendation**

It is proposed that DRS is made available universally to Welsh Unit Haemodialysis patients. The Renal Transport Hub will coordinate its roll-out. The cost of the DRS will be put against the existing NEPT Service Level Agreements and any over-performance and additional cost above the agreed SLA tolerances will be funded by the WRCN. The benefits of this option include:

- Prompt roll-out of the scheme across Wales removing inequity of access
- Clear commitment by Welsh Government and NHS Wales to improve transport for this vulnerable group
- Financial risk can be managed during the short term whilst the NEPT transformation project can deliver further efficiencies across all of the NEPT service.