

Questions and Answers: Leicester's Hospitals reconfiguration proposals

Renal

Where is my dialysis going to happen if not at the General Hospital?

None of these plans affect the outpatient dialysis service and the unit at the General will remain. There are however issues with the current dialysis building; it is relatively crowded and there aren't enough individual rooms. Talking to patients and their friends and family, it is clear that easy access to inpatient and day case facilities are important. Furthermore, the current location of the three dialysis units in Leicestershire results in a lot of travelling for people living in the west of the county. Taken together, that means that the model of outpatient dialysis needs to be thought about but is not part of this plan.

If transplant is moving, what will happen to renal services?

This is, of course, a concern and subject to consultation the Trust is developing plans to move the inpatient renal service at around the same time that Transplant moves. This is right because the services are so interdependent. It makes perfect clinical sense for nephrology and transplantation to be at the Glenfield irrespective of the ITU bed move. People with kidney disease suffer disproportionately with heart and blood vessel issues. Looking after kidney inpatients alongside these other specialties affords us the opportunity to further improve the care we provide.

Are you consulting on renal services?

Yes, this will follow, but we will strongly project the clinical view that for smooth patient care renal inpatient services will best be provided at the Glenfield irrespective of the intensive care bed moves.

You're splitting the service, are you making it less safe?

For this reason the trust has worked up plans for consultation that will see renal services move to the Glenfield. Extensive plans are being developed by the multi-disciplinary team (doctors, pharmacists, occupational therapists, nurses, dietetics, etc) to manage the risk of splitting the service for a short period of time. Ultimately the joint service will be improved by being alongside cardiac services and vascular surgery.