Renal Services Programme

National Renal Office

www.hse.ie/go/nro
nro@hse.ie
Strategic Vision for ESKD Services

• The number of patients with ESKD will increase by 40-50 p.m.p. (170-200 patients) per annum.
• Transplantation is the best therapy for suitable patients and represents the best value for money.
• Home therapies offer an enhanced quality therapy and represent the next best value for money.
• Hospital/Clinic-based haemodialysis can also be an excellent therapy but is associated with the highest social costs, consumable costs, overhead costs, transport costs and ancillary costs.

• Planning should aim to maximise the proportion of patients receiving the best value therapies.
• HSE Area-based planning will optimise regional Capacity, Configuration and Governance of services.
• System-wide streamlining of Procurement, Contracting and Funding will enhance this.
## Current Networks of Renal Units

(*contracted Units*)

<table>
<thead>
<tr>
<th>HSE Area</th>
<th>Parent Renal Unit</th>
<th>Satellite HD Unit</th>
<th>PD Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin North East</td>
<td>CGH (Cavan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Beaumont (N.Dublin)</td>
<td>fmc Northern Cross*</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Mater (N.Dublin)</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Dublin Mid Leinster</td>
<td>MRH (Tullamore)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SVUH (S.Dublin)</td>
<td>Beacon Sandymount*</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>AMNCH (S.Dublin)</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>South</td>
<td>WRH (Waterford)</td>
<td>fmc Kilkenny*</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>CUH (Cork)</td>
<td>KGH (Tralee)</td>
<td>Yes</td>
</tr>
<tr>
<td>West</td>
<td>MRHD (Limerick)</td>
<td>fmc Dock Road*</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>MPUH (Galway)</td>
<td>Wellstone Ballybrit*</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MGH (Castlebar)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LGH (Letterkenny)</td>
<td>SGH (Sligo)</td>
<td>Approved</td>
</tr>
</tbody>
</table>
Renal Health Intelligence

1. Biannual Census of ESKD patients
2. Mapping of ESKD patient residence
3. HD Patient Dependency Study
4. Surveys of Unit Resources
5. National Roll-Out of KDCPMS I.T. System
Priorities for Renal Services

**ESKD Services**
- Transplant Rate >175 p.a
- Home Therapies 60 p.m.p. (80 HHD)
- Network of HD facilities 20-30 p.m.p. growth p.a.
- No routine HD after 24.00h
- Reduced travel for HD
- Parent HD Units configured to support AKI/Satellites
- KDCPMS/Renal Registry

**Other Renal Services**
- Leaner, smarter organisation of Renal Units
- Integrate Renal Units with Acute Medicine Programme
- Develop Outreach services for non-ESKD patients
- Standardised evaluation & management of CKD in community setting
- Better access to dietetic services
Procurement Projects

Equipment/Consumables
- HSE South complete
- HSE West (Cavan, Midlands) ongoing

Contracted Satellite Units
- 4 planned Dublin/Environs
- Midlands/South East

Home Therapies
- Home HD tender complete
- PD therapy under review

Consider
- Patient Transport (>225,000 journeys/yr)
- ESA’s
Major Identified Risks

- Decrease in Renal Transplantation rate
- Potential abrupt loss of large HD facility
- Inadequate access to vascular access procedures
- Extremely poor access to dietetic services
- Clinical governance of contracted HD Units