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Home Therapies Service for adults requiring dialysis

Commissioning Policy: CP325

Document Information	
Document Name	Home Therapies Service for adults requiring dialysis
Document No	CP325
Document Purpose	Commissioning Policy
Publication Date	December 2025
Version No	1.0
Commissioning Team Author	Welsh Kidney Network
Target Audience	Chief Executives, Medical Directors, Directors of Finance, Consultant Nephrologists, Home Therapies Nurses, Welsh Kidney Network Board members
Description	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy

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Abbreviations

CKD	Chronic Kidney Disease
ESKF	Early Stage Kidney Failure
HDX	Haemodialysis
HHD	Home Haemodialysis
ICD	International Classification for Disease
IPFR	Individual Patient Funding Request
KRT	Kidney Replacement Therapy
MCM	Maximum conservative management
NICE	National Institute for Clinical Excellence
NWJCC	NHS Wales Joint Commissioning Committee
OPCS	A statistical classification or clinical coding of hospital interventions and procedures undertaken by the NHS
PD	Peritoneal Dialysis
UHD	Unit Haemodialysis
UKKA	United Kingdom Kidney Association
WKN	Welsh Kidney Network

Policy Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission home dialysis therapies for patients under adult nephrology services resident in Wales with chronic kidney disease (CKD) requiring kidney replacement therapy who have chosen a home therapy as a treatment of choice, in accordance with the criteria outlined in this document.

In creating this document NWJCC has reviewed this clinical condition and the options for its treatment. It has considered the place of home therapies in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

Welsh Language

NWJCC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the [Welsh Language Act \(1993\)](#), the [Welsh Language \(Wales\) Measure 2011](#) and the [Welsh Language Standards \(No.7\) Regulations 2018](#).

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience, the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this, NWJCC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

NWJCC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the NWJCC commitment.

Disclaimer

NWJCC assumes that healthcare professionals will use their clinical judgement, knowledge and expertise when deciding whether it is appropriate to apply this policy.

This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

NWJCC disclaims any responsibility for damages arising out of the use or non-use of this policy.

1. Introduction

This policy has been developed for the planning and delivery of home therapies for individuals who are under adult nephrology services resident in Wales with chronic kidney disease (CKD) requiring kidney replacement therapy (KRT) who have chosen a home therapy as a treatment of choice. This service will only be commissioned by the NHS Wales Joint Commissioning Committee (NWJCC) and applies to residents of all seven Health Boards in Wales.

1.1 Plain Language Summary

Around 6% of men and 7% of women have Chronic Kidney Disease (CKD) at stages 3-5¹, which means their kidneys don't work properly, with rates increasing and the most affected being in more deprived areas. The kidneys normally remove waste and extra water from the blood, but when they fail, this process doesn't happen as it should. Kidney failure can have many causes, but the most common ones are diabetes and high blood pressure.

Kidney failure is divided into five stages. By the time someone reaches stage five, they need to decide on a treatment option to take over the job of their kidneys. This is called kidney replacement therapy (KRT), or they may choose to focus on managing symptoms without these treatments called conservative management.

Kidney replacement therapy helps by removing waste and extra fluid from the body, similar to how healthy kidneys would. The main types are:

- Peritoneal dialysis (PD)– Home Based Therapy
- Haemodialysis – Home (HHD) or Unit based Therapy (UHD)
- Kidney transplantation

Transplant is the optimal treatment for those patients requiring kidney replacement therapy. However, for some individuals, transplantation is not an option due to other health issues, such as cancer or severe heart disease. Even when eligible, patients in the United Kingdom face an average wait time of 2–3 years for a kidney transplant². Consequently, most patients approaching Early Stage Kidney Failure (ESKF) must choose a dialysis method.

¹ Marion Kerr, NHS England (2025) Insight Health Economics, Chronic Kidney Disease 'The Human and Financial Cost' available at: <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Chronic-Kidney-Disease-in-England-The-Human-and-Financial-Cost.pdf>

² National Health Service Blood and Transplant (2025) 'How long is the wait for a kidney' Available at [How long is the wait for a kidney? - Organ transplantation - NHS Blood and Transplant](#)

These treatments differ significantly in terms of both cost and outcome. Of note, UHD is associated with the lowest quality of life, the highest mortality and the highest cost of treatment³. Increasing the number of people on home dialysis is a priority for the Welsh Kidney Network (WKN), who have set an ambitious target aiming to have a minimum of 30% of dialysis patients undertaking a home-based treatment (UK target based on Getting It Right First Time⁴ (GIRFT) is a minimum of 20%).

Wales has a Procurement framework in place for Home Therapy equipment, consumables and added services. This helps regions to procure through a list of pre-approved suppliers, providing flexibility of choice and delivering value for money. The population within Wales currently on dialysis is 1602, with a total of 260 patients on home dialysis, thus overall percentage on home therapies is 16.2%. There is however significant variation between regions of 13.3% to 30.8%⁵.

The Home Therapies Service for adults requiring dialysis currently exists in 3 regions in Wales, Betsi Cadwaladr University Health Board, Cardiff & Vale University Health Board and Swansea University Health Board. This commissioning policy outlines the criteria for the commissioned services which enables patients to have dialysis at home.

1.2 Aims and Objectives

This policy aims to define the commissioning position of NWJCC on the use of the Home Therapies Service for adults with chronic kidney disease requiring dialysis.

The objectives of this policy are to:

- ensure commissioning for the use of the Home Therapies Service is evidence based
- ensure equitable access to the Home Therapies Service for adults with chronic kidney disease requiring haemodialysis or peritoneal dialysis.
- define the commissioning criteria for people with chronic kidney disease choosing the Home Therapies Service as their treatment of choice.
- identify centres that are able to provide the Home Therapies Service for Welsh patients.
- to provide timely Home Therapies Service provision taking into consideration patient choice and improve outcomes for people accessing services.

³ Roberts G et al (2022) 'Current costs of dialysis modalities: A comprehensive analysis within the United Kingdom'. Available at [Current costs of dialysis modalities: A comprehensive analysis within the United Kingdom - PubMed](#)

⁴ Getting it Right First Time Lipkin G & McKane W (2021) 'Renal Medicine: Getting it Right First Time (GIRFT Report) Programme National Speciality Report' available at [Renal Medicine - Getting It Right First Time - GIRFT](#)

⁵ Regional Data by the Welsh Kidney Network through the All Wales digital system correct as of the April 2025.

1.3 Epidemiology

As of July 2023, there were 1290 haemodialysis patients in Wales, with a range of ages from 18-98 and an average age of 63.9 years (30.11.2023 local data).

The number of chronic kidney disease patients is predicted to increase significantly. Currently, kidney disease is ranked as the 10th leading cause of death worldwide and it is projected to be the 5th by 2040⁶. Consequently, the demands for kidney care and therefore, the Home Therapies Service are also anticipated to rise in parallel with this growing burden.

1.4 Current Treatment

Treatment options for chronic kidney disease are transplantation, home therapies (home haemodialysis, peritoneal dialysis), unit haemodialysis and conservative management / maximum conservative management (MCM).

All patients who are under adult nephrology services who reside in Wales are potential candidates for home dialysis pending full assessment and MDT discussion⁷. They will be offered home dialysis as an option if pre-emptive live donor kidney transplantation is not feasible or declined. Some patients who have a potential live donor transplant planned may still require a bridging period of dialysis, if this is the case then home dialysis should still be considered on a case by case basis. It is also important that there is flexibility in treatment choice, enabling patients to change between treatment choices along their patient journey. This approach aligns with the Welsh Government Quality Statement⁸ and the National Clinical Framework⁹, supporting principles of prudent and value-based healthcare.

New home therapies patients will come from those new to dialysis and those already established on unit haemodialysis who have the ability and motivation to perform dialysis themselves, or who have a caregiver able to be trained. Some patients may also be considered who may find commencing the treatment challenging but would be suitable for an assisted PD treatment and would benefit from this.

Access such as peritoneal catheter insertion, arterial venous fistula formation or central venous catheter insertion should be planned prior to the need for dialysis and are essential

⁶ Kidney Disease a UK Public Emergency, Kidney Research UK, 2023; [Economics-of-Kidney-Disease-full-report_accessible.pdf \(kidneyresearchuk.org\)](#)

⁷ National Institute for Health and Care Excellence (2018) '*Preparing for renal replacement therapy or conservative management*' Available at [Recommendations | Renal replacement therapy and conservative management | Guidance | NICE](#)

⁸ Welsh Government (2022) '*Quality Statement for kidney disease*' available at [Quality statement for kidney disease \[HTML\] | GOV.WALES](#)

⁹ Welsh Government (2021) '*National Clinical Framework*' available at [National Clinical Framework 8.0](#)

to enable treatment. The choice of vascular access will be based on an individual patient assessment, taking into consideration physical and psychological needs, and also the lifestyle and patient choice. Any issues with access will need to be resolved before patients or carers commence training.

1.5 What NHS Wales has decided

The Home Therapies Service is an essential part of the patient pathway for adults who require dialysis. NWJCC have concluded that there is enough evidence to fund the Home Therapies Service for patients requiring dialysis within the criteria set out in section 2.1. The concept of home therapies is prudent healthcare, delivered in the patient's home, following the principles of the National Clinical Framework¹⁰ and in line with the objectives of the GIRFT (2021).

1.6 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**

All Wales Policy: [Making Decisions in Individual Patient Funding requests](#) (IPFR).

- **NHS Wales Joint Commissioning Committee policies and service specifications**

- SS326 Home Therapies Service for adults requiring dialysis, Service Specification
- SS169 Paediatric Nephrology, Service Specification.

- **National Institute of Health and Care Excellence (NICE) guidance**

- Recommendations for Renal Replacement Therapy and Conservative Management (2018) [Recommendations | Renal replacement therapy and conservative management | Guidance | NICE](#)
- Quality Statement 5: Home-based Dialysis. [Quality statement 5: Home-based dialysis | Renal replacement therapy services for adults | Quality standards | NICE](#)

- **Other published documents**

- Dialysis Guidance – Safety Recommendations from the UKKA, including vascular access monitoring and education. (June 2023) [Dialysis guidance - GOV.UK \(www.gov.uk\)](#)
- Multi-professional renal workforce plan for adults and children with kidney disease (2020). [Layout 1 \(ukkidney.org\)](#)

¹⁰ Welsh Government (2021) 'National Clinical Framework' available at [National Clinical Framework 8.0](#)

- Welsh Government Policy: [Quality statement for kidney disease \[HTML\] | GOV.WALES](#)
- Welsh Government: The Transition and Handover Guidance (February 2022) available at [The Transition and Handover Guidance February 2022](#)
- Lipkin G & McKane W (2021) '*Renal Medicine: Getting it Right First Time (GIRFT Report) Programme National Speciality Report*' available at [Renal Medicine - Getting It Right First Time - GIRFT](#)
- The International Society for Peritoneal Dialysis (ISPD) 'Creating and Maintaining Optimal Peritoneal Dialysis Access in the Adult Patient, [Creating and Maintaining Optimal Peritoneal Dialysis Access in the Adult Patient: 2019 Update \(sagepub.com\)](#)
- The International Society for Peritoneal Dialysis peritonitis guideline recommendations: 2022 update [ISPD peritonitis guideline recommendations: 2022 update on prevention and treatment - PubMed \(nih.gov\)](#)
- UK Kidney Association Clinical Practice Guidelines for Peritoneal Access and Commentary on the 2019 (ISPD) Update for Creating and Maintaining Optimal Peritoneal Dialysis Access [Peritoneal access \(ukkidney.org\)](#)

2. Criteria for Commissioning

The NHS Wales Joint Commissioning Committee approve funding of the Home Dialysis Service for adults resident in Wales with chronic kidney disease requiring kidney replacement therapy who have chosen a home therapy as a treatment of choice in line with the criteria identified in this policy.

2.1 Inclusion Criteria

Patients must be under adult nephrology services requiring a kidney replacement therapy¹¹.

2.2 Exclusion Criteria

Those patients who are not under adult nephrology services.

2.3 Stopping Criteria

A patient will be removed from the service when they no longer require home therapies, this could be due to a change of modality or transplantation.

2.4 Continuation of Treatment

Kidney replacement therapy is a life sustaining treatment. Home therapies is a modality choice for kidney replacement therapy, so treatment would continue unless the individual transferred to another treatment modality, was transplanted or died.

2.5 Acceptance Criteria

The service outlined in this policy is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP Practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

2.6 Patient Pathway (Annex i)

Please see Annex i.

¹¹ Welsh Government 'The Transition and Handover Guidance', (February 2022) available at [The Transition and Handover Guidance February 2022](#)

2.7 Designated Centre

The service providers and associated designated centres that are commissioned by the Welsh Kidney Network are:

Cardiff & Vale University Health Board Service provider for patients in South East Wales	Home Dialysis Team David Thomas Dialysis Unit University Hospital of Wales Heath Park Cardiff CF14 4XW
Swansea Bay University Health Board Service provider for patients in South West Wales	Morrison Hospital Heol Maes Eglwys Cwmrhydyceirw Morrison SA66NL
Betsi Cadwaladr University Health Board, service providers for patients in North Wales.	Renal and Diabetes Unit, Glan Clwyd Hospital Sarn Lane Bodelwyddan Denbighshire LL18 5UJ Elidir Renal Unit, Ysbyty Gwynedd, Penrhosgarnedd Bangor Gwynedd LL57 2PW Renal Unit Gladstone Building Wrexham Maelor Hospital Croesnewydd Road Wrexham LL137TD

2.8 Clinical Outcome and Quality Measures

The Provider must work to written quality standards and provide monitoring information to the lead commissioner.

Quality indicators, national standards, key performance indicators and other quality requirements are listed in the NWJCC Service Specification, SS326, Home Therapies Service for adults requiring dialysis.

The centre must enable the patient's, carer's and advocate's informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties.

2.9 Responsibilities

Referrers should:

- inform the patient that this treatment is not routinely funded outside the criteria in this policy, and
- refer via the agreed pathway.

Clinicians considering treatment should:

- discuss all alternative treatments with the patient
- advise the patient of any side effects and risks of the potential treatment
- inform the patient that treatment is not routinely funded outside of the criteria in the policy, and

3. Evidence

NWJCC is committed to regularly reviewing and updating all of its commissioning policies based upon the best available evidence of both clinical and cost effectiveness. This commissioning policy is based on the evidence provided in the [UKKA 'Clinical Practice Vascular Access Guideline for Haemodialysis' \(2023\)](#).

3.1 References

United Kingdom Kidney Association (UKKA)

- UK Kidney Association Clinical Practice Guidelines for Peritoneal Access and Commentary on the 2019 (ISPD) Update for Creating and Maintaining Optimal Peritoneal Dialysis Access [Peritoneal access \(ukkidney.org\)](#)
- The International Society for Peritoneal Dialysis peritonitis guideline recommendations: 2022 update [ISPD peritonitis guideline recommendations: 2022 update on prevention and treatment - PubMed \(nih.gov\)](#)
- The Renal Association (2019) '*Clinical practice guidelines for peritoneal access and Commentary on the 2019 (ISPD) Update for the Creating and Maintaining Optimal Peritoneal Dialysis Access*' Available at [Peritoneal access](#)

3.2 Date of Review

This document is scheduled for review every three years, unless information is received which indicates that the policy requires revision.

If an update is carried out the policy will remain extant until the revised policy is published.

4. Equality Impact and Assessment

The Equality Impact Assessment (EIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable NHS Wales Joint Commissioning Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

5. Putting Things Right:

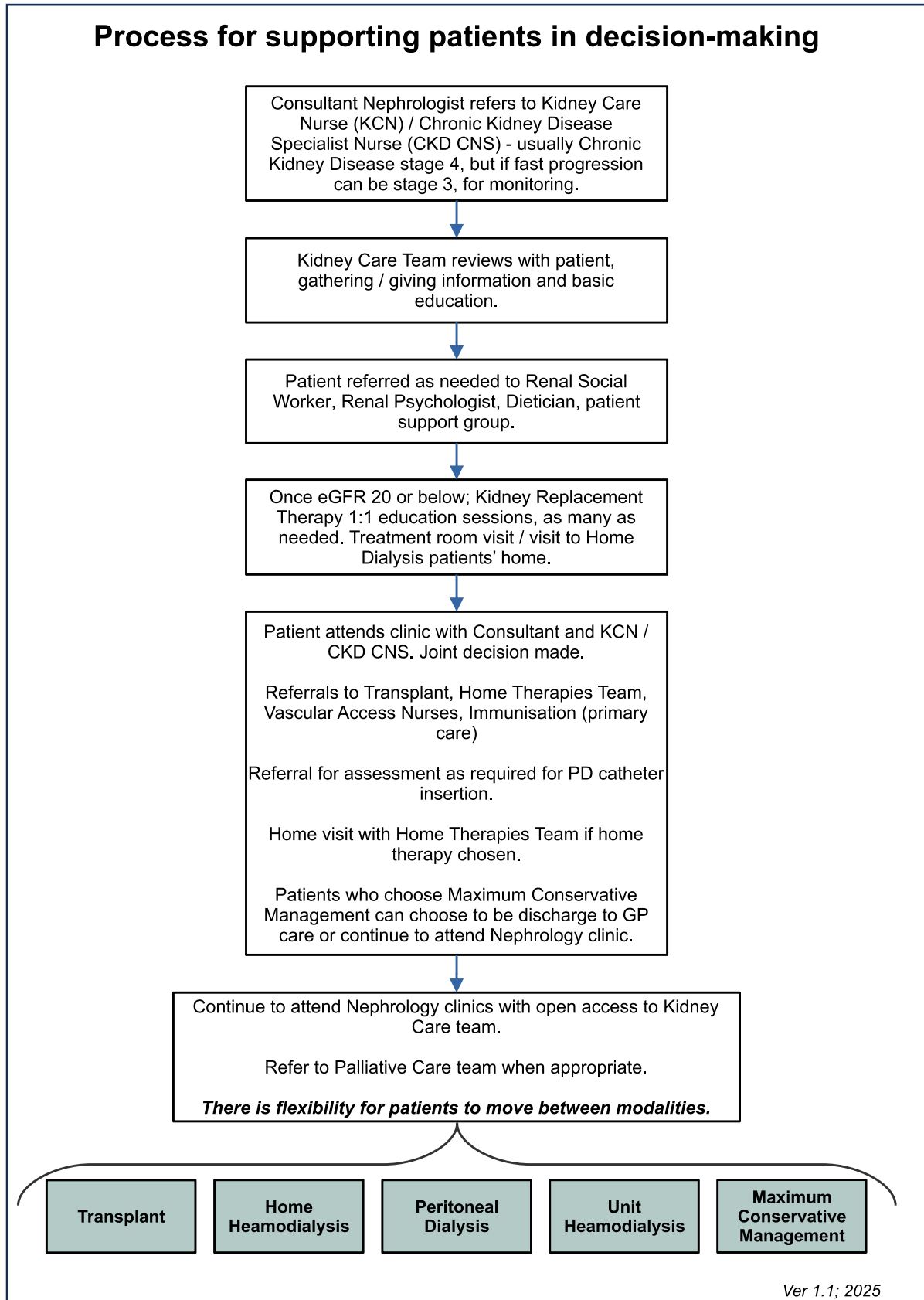
5.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for [NHS Putting Things Right](#). For services provided outside NHS Wales the patient or their representative should be guided to the [NHS Trust Concerns Procedure](#), with a copy of the concern being sent to NWJCC.

Annex i Patient Pathway



Annex ii Codes

The list of ICD codes is indicative and is not exhaustive. Additional codes may be used for contract monitoring purposes, furthermore some codes may cover indications not included within this policy.

Code Category	Code	Description
ICD-10 Acute Kidney Failure and chronic kidney disease	N17	Acute Kidney Failure
	N18	Chronic Kidney Disease
	N19	Unspecified kidney failure

Annex iii Glossary

Individual Patient Funding Request (IPFR)

An IPFR is a request to NHS Wales Joint Commissioning Committee (NWJCC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

NHS Wales Joint Commissioning Committee (NWJCC)

NWJCC is a joint committee of the seven local health boards in Wales. The purpose of NWJCC is to ensure that the population of Wales has fair and equitable access to the full range of Tertiary Services. NWJCC ensures that services within our portfolio are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.

Welsh Kidney Network (WKN)

The purpose of the WKN is to plan and commission services on an all Wales basis in an efficient, economical and integrated manner and to provide, through the NHS Wales Joint Commissioning Committee, a single decision-making framework with a clear remit, responsibilities and accountability.

Contact Us

If you have a question related to this document you can contact us using one of the methods outlined below.

If you would like this document in an alternative format and/or language, please contact us for assistance.

Email:

NWJCC consultation mailbox – nwjccconsultation@wales.nhs.uk

Telephone:

General Enquiries – 01443 433112

Website:

[Contact us - NHS Wales Joint Commissioning Committee](#)

Writing:

If you wish to contact the NHS Wales Joint Commissioning Committee, you can write to us at one of our locations below, we welcome correspondence in Welsh or English:

South Wales Offices

Unit 1, Charnwood Court, Heol Billingsley, Nantgarw, CF15 7QZ

Unit G1 The Willowford, Main Avenue, Treforest Industrial Estate, Pontypridd, CF37 5YL

North Wales Offices

Unit 3, Media Point - Unit 3, Mold Business Park, Mold, CH7 1XY

Preswylfa, Hendy Road, Mold, CH7 1PZ