Home Therapies Service for adults requiring dialysis

Service Specification: SS325

Document Information	
Document Name	Home Therapies Service for adults requiring dialysis
Document No	SS325
Document Purpose	Service Specification
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 clinical staff, Welsh Kidney Network Board members
Description	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy

Contents

Abbreviations 4

Statement 5

Welsh Language 5

Decarbonisation 5

Disclaimer 5

1. Introduction 6

1.1 Background 6

1.2 Aims and Objectives 7

1.3 Relationship with other documents 7

2. Service Delivery 9

2.1 Access Criteria 9

2.2 Service description 10

2.3 Interdependencies with other services or providers 15

2.4 Exclusion Criteria 16

2.5 Acceptance Criteria 16

2.6 Patient Pathway (Annex i) 16

2.7 Service providers/Designated Centres 16

3. Quality and Patient Safety 18

3.1 Quality Indicators (Standards) 18

3.2 National Standards 19

4. Performance Monitoring and Information Requirement 21

4.1 Performance Monitoring 21

4.2 Key Performance Indicators 21

4.3 Date of Review 22

5. Equality Impact and Assessment 23

6. Putting Things Right 24

6.1 Raising a Concern 24

Annex i Patient Pathway 25

Annex ii Codes 26

Annex iii Glossary 27

Contact Us 28

Abbreviations

AAPD	Assisted Automated Peritoneal Dialysis
APD	Automated Peritoneal Dialysis
AVF	Arterio-venous Fistula
AVG	Arteria-venous Graft
CAPD	Continuous Ambulatory Peritoneal Dialysis
CKD	Chronic Kidney Disease
CNS	Clinical Nurse Specialist
CVC	Central Venous Catheter
ESKF	Early Stage Kidney Failure
HHD	Home Haemodialysis
ICD	International Classification for Disease
IPFR	Individual Patient Funding Request
ISP	Independent Service Provider
KRT	Kidney Replacement Therapy
KQUIP	Kidney Quality Improvement Program
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

Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission home therapies for adult resident in Wales with chronic kidney disease 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 the requirements and standards of care that are expected to deliver this service.

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 document.

This document 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 document has been developed as the Service Specification for the planning and delivery of home therapies for people resident in Wales. 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 Background

Around 6% of men and 7% of women have Chronic Kidney Disease (CKD) at stages 3-5[1], which means their kidneys don't work properly, with the highest rates 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, 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 transplant[2]. Consequently, most patients approaching Early Stage Kidney Failure (ESKF) must choose a dialysis method.

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

[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
[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

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 Dialysis 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%.

1.2 Aims and Objectives

The aim of this service specification is to define the requirements and standard of care essential for delivering a high-quality home therapies service.

The objectives of this service specification are to:

- details the specifications required to deliver home therapies services for people who are residents in Wales
- ensure minimum standards of care are set for the use of home therapies
- ensure equitable access to home therapies
- identify centres that are able to provide home therapies for Welsh patients
- improve outcomes for people accessing home therapies service

1.3 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**
  - CP325, Home Therapies Service for adults requiring dialysis, Commissioning Policy
  - 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

[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

- 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)
- 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. Service Delivery

The NHS Wales Joint Commissioning Committee will commission the Home Therapies Service for patients 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 in line with the criteria identified in this specification.

2.1 Access Criteria

All patients who are under adult nephrology services who reside in Wales are potential candidates for home dialysis pending full assessment and MDT discussion[5]. 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 Statement[6] and the National Clinical Framework[7], 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 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.

Additionally, it is preferable that the patient's home is suitable for a home therapy or adaptable to meet the requirements for home dialysis, including adequate utilities, storage space for supplies, and room for equipment. However, there are portable dialysis

- [5] 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

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

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

machines, such as the NxStage[8] or the Physidia[9], which can be considered to facilitate home haemodialysis therapies for patients who have issues with space or utilities (Appendix 1). There are also collaborative projects within Wales with Housing which has facilitated appropriate prioritisation of patients who are waiting housing allocation to enable a home therapy. So, housing alone should not be a limiting factor for patients who have made a choice, provided there is a commitment to a home treatment.

For patients awaiting housing allocation through the local authority, it is crucial to involve the home therapies team to ensure that the housing provided will support their chosen dialysis treatment, joint working between health and social care is essential. (It is important to note that the home therapies team, is a multi-disciplinary team and will include the renal social worker who play an important role in enabling and supporting patients to have a home therapy).

For further information see:

- NHS Wales Joint Commissioning Committee policy CP325 Home Therapies Service for adults requiring dialysis

2.2 Service description

The service in Wales is currently divided among three regional centres: Cardiff and Vale University Health Board, Swansea Bay University Health Board, and Betsi Cadwaladr University Health Board, with the northern Wales service further split across three sites. Each of these centres provides both a PD service and a home HHD service, although there are some regional variations in infrastructure.

For PD, there are few absolute contraindications to surgical tube placement, but patients with extensive prior abdominal surgery that has led to scarring or adhesions may face challenges. For those unable to manage independently, either performing treatment themselves or with support of a carer, regions should consider providing assisted overnight automated peritoneal dialysis (aAPD), delivered either by an independent provider or through the NHS Home Team, this could potentially be utilised as respite PD for patients as required.

For HHD, contraindications are minimal, patients can have home haemodialysis supported by a carer if they are unable to independently manage the treatment, but it is also possible to have HHD if you are living alone. The teaching and assessment process throughout Wales are varied, with some patients starting UHD before transferring onto HHD and other patients starting training without being established first in a unit. When a patient commences haemodialysis in a unit but is waiting for home training they should be started as a shared care patient in a self-care area while they wait for transfer into a

[8] Fresenius Medical Care (2025) '*How does the NxStage System One Work?'* Available at How Does the NxStage System One Work
[9] Physidia (2025) *'Physidia'* Available at Home – Physidia – Home Hemodialysis

training area. Patients will be assessed, established as competent and safe to perform a home-based treatment. On a patient by patient basis there may be occasions where assisted home haemodialysis is offered, dependent on a multi-disciplinary team decision.

In addition to meeting the Contract standards, providers will be expected to adhere to specific quality standards and measures as outlined below.

Clinical Standards
Delivering a high-quality service including meeting the following standards:

- Reducing unacceptable variation in clinical practice, ensuring equitable access to home therapies services across Wales.
- Supportive proactive Pre-Dialysis service which enables prompt referral of patients into services, for timely commencement of a home therapy.
- Optimising patient outcomes and length of time on a home therapy through appropriate, effective and efficient management / monitoring and support.
- Ability to respond appropriately to urgent or emergency situations, such as loss of vascular access function / peritonitis.
- Ensuring that patients have individualised care and promoting shared decision making.
- Adoption / development of appropriate patient information, to ensure shared decision making prior to referral into services which is available to all patients throughout their patient journey.
- Time allowed within clinical hours to support education of staff to ensure, appropriate knowledge of home therapies within other clinical teams, to ensure that staff have the knowledge to support patients currently on a home therapy and those who might wish to change modalities. This will also help facilitate robust services with succession planning.
- Ensuring clinical time for research, innovation and service improvement projects throughout the MDT.

Facilities and equipment
To facilitate home haemodialysis, the team would need access to a self-care or training facility within a dialysis unit or hospital setting. This space would allow for patient training, provide occasional respite dialysis from home treatment, and offer an area for clinical review as needed. This area would be for clinical review of both PD and HHD patients.

The training room for HHD should be equipped as outlined below, using dialysis machines compatible with those in the Home Therapies service. It is important to note that there is no contractual requirement for these machines to match those in the dialysis unit where the training room is located, as this could limit patient choice and reduce suitability for home-based dialysis. Additionally, patients should have access to the unit or training room for in-centre respite care when needed.

Essential

- **Training Space**: A dedicated training area located within a dialysis unit or hospital setting, within reasonable travel distance to allow patients in the region to attend multiple sessions per week.
- **Dialysis Machines**: Dialysis machines compatible with the Home Therapies service, as outlined in the procurement framework.
- **Treatment Chairs**: Suitable, ergonomic chairs designed for patient comfort during dialysis with the ability to alter positions to allow for comfort, treatment requirements and CPR.
- **Utilities and Consumables**: Adequate utilities and necessary consumables to support haemodialysis procedures, ensuring safe and efficient treatment.
- **Medications and Pharmacy Support:** Appropriate access to medication to facilitate and maintain dialysis at home, such as PD fluids and anti-coagulants to maintain the patency of extracorporeal circuits for haemodialysis.
- **Access to Surgical Facilities**: Timely access to operating theatres for peritoneal catheter insertions or the creation of vascular access when required.
- **Radiology Services:** Timely access to radiology service to manage any access issues with arterio-venous fistula or peritoneal dialysis catheter leaks.
- **Laboratory Support**: 24-hour access to laboratory services for analysis of peritoneal dialysis fluid, including white cell counts and cultures in the event of suspected peritonitis.
- **Office Space and Digital Equipment**: Equipped office space with digital tools to support remote monitoring of patients, including the ability to check laboratory results.

Desirable

- **Purpose-Built Training Area**: A dedicated, purpose-built space for home haemodialysis training, separate from the main dialysis unit, to ensure an optimal learning environment for patients.
- **Remote Monitoring Capabilities**: Equipment and technology enabling remote review of patient and machine performance, minimizing unnecessary home visits and providing support to patients in remote or underserved areas.
- **Remote Patient Management Platforms**: Utilization of shared-source or other remote patient management platforms to enhance patient care, streamline monitoring, and improve communication between patients and healthcare providers.

Staffing / Specialist teams

The service will be managed by a multi-professional team as detailed below[10]. (It would be best practice for a Surgeon to also be involved in this MDT structure, but this is not possible in all Regions). The team will meet regularly for multidisciplinary meetings

[10] 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

(MDMs), where they will discuss patient cases, conduct audits, and address governance matters.
Shared decision-making (SDM) principles will be incorporated into the service's operating policy to ensure patient-centred care. Patients initiating home therapies may come from various settings, including dialysis units, pre-dialysis clinics, transplant centres, and self-care units. As patients with CKD may change their treatment modality multiple times during their journey, the service must remain flexible to accommodate these changes. Patients should be able to transition seamlessly between services, including accessing respite dialysis when needed.

Essential

- **Home Therapies Consultant Lead**: A Consultant Lead with expertise in Home Therapies to oversee the service's strategic direction and clinical governance.
- **Lead Nurse / Home Dialysis Manager (Band 7)**: A Lead Nurse or Home Dialysis Manager at Band 7, with dedicated management time for team leadership and service improvement. This role must also allow sufficient time for maintaining clinical skills, competence, and ongoing professional development.
- **Nursing Team**: A specialized nursing team trained to deliver Home Therapies services, with staffing ratios of 1 nurse to 7 (1:7) patients for home haemodialysis, and 1 nurse to 12 (1:12) patients for peritoneal dialysis. These ratios will be supported and monitored through the WKN Home Workforce Audit, it is essential that this is completed quarterly.
- **Training Sessions**: During patient training in the haemodialysis training rooms, at least two nursing staff members should be present to ensure appropriate breaks while maintaining safe staffing levels.
- **Dietitian**: All patients should receive full assessment by a specialist renal dietitian within one month of starting treatment. Stable patients should be reviewed at a minimum of 6 monthly, with frequency of review increasing up to monthly for unstable patients. Sufficient service capacity should exist to allow for flexibility to respond in a timely manner for those with reduced appetite, weight loss, fluid imbalance or complex electrolyte issues
- **Clinical Psychology Support**: Access to clinical psychology services as needed, particularly for patients dealing with issues such as needle phobia or psychological challenges related to their treatment.
- **Pharmacy team:** Specialist renal pharmacist(s) to contribute to the clinical review of patients, including prescribing where appropriate, and pharmacy technical team member(s) to coordinate the supply of medication. Together, pharmacy professionals provide leadership on medication-related issues and support safe, patient-centred practice and robust medicines governance within the home dialysis service.
- **Link Nurse within Dialysis Units**: A designated Link Nurse within dialysis units to support SharedHD programs and facilitate the transition to home dialysis when

appropriate. This nurse should have established relationships and collaborate closely with the Home Therapies Team[11].

- **Renal Social Workers**: Involvement of renal social workers to identify and address any socio-economic barriers to home therapies, such as housing issues or the availability of suitable space for treatment.
- **Dialysis Technical Support**: Services should have technical support providing the expertise to assess the suitability of the home environment and carry out the modifications needed to support home dialysis. They provide the regulatory management throughout the life cycle of dialysis equipment in the home including water quality. Additionally, they provide out of hours on-call technical support for the patient. There should be within this the expertise to cover the following:

  Ordering of equipment and asset management

  Installation: Including liaising with housing authorities / associations / landlords and seek permission to carry out modifications to enable home treatment. Liaise with Welsh water to boost / reduce water pressures at homes and Natural Resources Wales with regards sewage quality if home uses septic tanks near to waterways.

  Maintenance and repair.

  Water Quality testing and corrective action

  Necessary changes to equipment

  Commissioning / Decommissioning / Deinstallation

[11] Royal College of Nursing (2021) *The role of the link nurse in infection prevention and control. Developing a link nurse framework'* Available at [The Role of the Link Nurse in Infection Prevention and Control | Royal College of Nursing]

Desirable

- **Band 4 Non-Registered Nursing Staff**: The workforce may include Band 4 non-registered nursing staff, who can be trained to assist with patient education, under the clinical support and supervision of specialist nurses.
- **Nursing Staff with a Focus on Research and Service Improvement**: Nursing staff with an interest in research and service improvement, capable of leading and managing nurse-led quality improvement initiatives to enhance service delivery.
- **Nephrologists with an Interest in Home Therapies**: Nephrologists with expertise in home therapies to support the Lead Consultant, based on service capacity. These nephrologists should have a strong background in the clinical management of dialysis patients, as well as experience in quality and service improvement.
- **Collaborative Relationship with Housing Authorities**: A collaborative partnership with local council housing officers, despite not being directly funded by the service, to facilitate timely home treatments. This relationship helps overcome socio-economic barriers, ensuring patients can access home-based treatment, which can improve and extend their lives.

2.3 Interdependencies with other services or providers

The Home Therapies Service for adults requiring haemodialysis should have clear pathways and partnerships with the relevant service to ensure patients are fully supported. Assessment, monitoring and intervention should be delivered across the following services:

- Pre-Dialysis Services: Chronic Kidney Disease (CKD) Clinical Nurse Specialists (CNS) and Consultant Nephrologists
- Consultant Transplant Nephrologist and Transplant Nurses
- Haemodialysis Units – Including both Independent Service Providers (ISP) and NHS, with a shared HD scheme run within dialysis units to support positive patient outcomes, promote independence and encourage progression to home.
- Interventional Radiology
- Theatres
- Ultrasound
- Dialysis Technicians / Technical support
- ISP for technical support with equipment
- Procurement
- Pharmacy
- Dietitians
- National Specialist Surgery for Encapsulating Peritoneal Sclerosis (EPS): This is a rare but well-recognized complication of PD, which may require specialized surgical management. Therefore, patients may require referral to specialist centres, such as Manchester. In some cases, an Individual Patient Funding Request (IPFR) may be necessary to facilitate access to treatment, and these requests will be processed expediently to ensure timely care.

2.4 Exclusion Criteria

Patients will be excluded from these services if they are not under adult Nephrology care[12] or patients who whilst resident in Wales, are registered with a GP practice in England.

2.5 Acceptance Criteria

The service outlined in this specification 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 patient's resident in England who are registered with a GP Practice in Wales.

2.6 Patient Pathway (Annex i)

The patient pathway is included in Annex i.

2.7 Service providers/Designated Centres

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	Morriston Hospital Heol Maes Eglwys Cwmrhydyceirw Morriston 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

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

	Wrexham Maelor Hospital Croesnewydd Road Wrexham LL137TD

3. Quality and Patient Safety

The provider must work to written quality standards and provide monitoring information to the lead commissioner. The quality management systems must be externally audited and accredited.

The centre must enable the patients, carers and advocates informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties.

3.1 Quality Indicators (Standards)

Locally defined outcomes

The home dialysis service should aim to deliver the following:

- GIRFT asks that home therapies are promoted to achieve a **minimum** rate of 20% of prevalent patients on a home therapy within all renal centres. This has been achieved within some Welsh centres, therefore there is an aspiration rate of a minimum of 30% of patients on home therapies.
- Information, education, and support must be balanced, accurate, and whenever possible be provided at least 12 months before treatment is required, ensuring individuals have sufficient time to make informed decisions. This will not be possible with late presenting patients or those who have unexpectedly deteriorated.
- The provider is required to undertake regular patient surveys and develop and implement an action plan based on findings (Patient Reported Experience Measures PREM).
- The service will complete the data required within the National digital system to allow compliance with the data collection for the nationally developed PD audit tool. This will give data to demonstrate service quality and standards, based on agreed UK wide standards.
- The service will have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site based on UK guidance[13].
- Local services will be commissioned at a ratio of 1:7 for HHD and 1:12 for PD Nurses, there will be an expectation of quarterly reporting to give transparency on workforce provision, prior to regional meetings so that workforce challenges can be discussed as required.
- High quality timely access provision is essential for these patients, therefore quarterly reporting on theatre waiting times for complex vascular access and PD catheter insertions. To ensure acceptable waiting times, and / or planning to improve patient waiting times.

[13] United Kingdom Kidney Association (2021) *'United Kingdom Association Clinical Practice Guidelines for Peritoneal Access and Commentary on the 2019 (ISPD Update for the Creating and Maintaining Optimal Peritoneal Dialysis Access'*. Available at [UKKA PD access guidelines - final site version.pdf]

3.2 National Standards

- Shared decision-making should be applied to all discussions with pre-dialysis patients about modality choices. All patients who will need dialysis will be offered a home treatment, pending a full assessment and MDT discussion.
- Additional time and resources should be built in for patients where needed to remove barriers to home therapies. Early referral would allow for ongoing practical, emotional and clinical support from the home therapies team, renal technicians, social workers and clinical psychologists as needed.
- The service should provide patients with accurate, high quality patient education / training material that are easy to understand and accessible in various formats, including printed copies and web-based resources.
- The service should provide a robust training package with competencies will be used to guide the Patient's/Carer's to learn HHD and PD under the care of the home dialysis team. The competency of the Patient/Carer will be assessed yearly or as an additional assessment when required.
- Individualised risk assessments will be implemented to ensure the safe care of the Patient during their training period and once home, the risk assessments will be reviewed regularly and adapted around the individual's needs.
- The Patient/Carer will be required to sign an agreement to treatment once home (see attached as an example)
- The reimbursement of utility expenses (for Welsh Patients only) (see appendix), financial considerations should not be a barrier to patients choosing home therapies.
- Proactive ordering of equipment and installation when patients are training to avoid delays in getting the patient home. Training should be completed in approximately 12 weeks however, there will be variation between services and patients. It is important that reviews are built in to support patients who are not meeting training milestones and re-assess their ongoing suitability.
- Flexibility in patient haemodialysis regime to maximise patient choice and quality of life, this includes access to nocturnal dialysis, and support for more mobile machines (Physidia / NxStage).
- An agreed pathway for patients to contact support staff out of hours for technical or clinical advice. Out of Hours support for patients who dialyse at home, with access to 24-hour technical support if needed, this will vary with the configuration of local services.
- All centres to ensure a timely peritoneal catheter insertion (GIRFT). The UKKA recommends that a PD catheter is inserted 2 weeks before starting PD (unless Moncrieff), if it is needed to be used before this time then low volume exchanges in the supine position are recommended. (Ideally catheters to be inserted approximately 2-6 weeks before PD needs to start).
- PD catheter insertion protocols should follow the UKKA Guidelines with the provision for urgent catheter removals where necessary.
- Collaborative working to ensure that assisted PD services are resilient, this may be NHS or ISP provision (GIRFT).

- There should be a written policy for assessment and treatment of PD peritonitis.
- All units should contribute fully to the renal registry and WKN audits, against renal association guidelines, so that Quality can be measured.
- A robust training arrangement with independent service providers to support NHS staff and to train patients if desired.
- Establishing a late start PD service (GIRFT). Developing and implementing a PD pathway to facilitate PD catheter insertion and establishment PD in patients who are known to renal services for less than ninety days.
- Maintenance of vascular access in accordance with the UKKA Cannulation Guidelines (2018), including appropriate use of cannulation type with consideration given to contraindications for buttonhole cannulation and the avoidance of area puncture where possible.
- Use of and teaching of Aseptic non touch technique (ANTT) for connection to dialysis machines and access care.
- Adherence to clinical guidelines and protocols for central venous catheters to reduce the likelihood of infection. With reporting into the all wales digital system as required to ensure that bacteraemia data is recorded.

4. Performance Monitoring and Information Requirement

4.1 Performance Monitoring

NWJCC will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care

NWJCC will conduct performance and quality reviews on an annual basis.

4.2 Key Performance Indicators

The providers will be expected to monitor against the full list of Quality Indicators derived from the service description components described in Section 2.2.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

In particular, the provider will be expected to monitor against the following target outcomes:

Overall Targets:

- Number of patients starting on treatment (incident)
- Numbers on treatment (prevalent)
- Number of patients failing to start on the modality of their choice
- Percentage of home therapies patients, in comparison to other modalities (KQUIP)
- Number of people moving from home haemodialysis or PD, (and the reason) that month (KQUIP)
- Patient Reported Experience Measure data, which is collected annually, looking specifically at those areas relating to Home Therapies, including shared decision making parameters[14]

[14] Kidney Care UK and United Kingdom Kidney Association: Patient Reported Experience Measure (PREM) available at 2022 Kidney PREM results | Kidney Care UK

Aspirational / Development Targets

- The feedback on the service specifications has acknowledged that targets should not exclusively focus on patient numbers. Patients requiring a kidney replacement treatment are increasing co-morbid and frail, home dialysis remains a cost-effective treatment for these patients with patient benefits. However, the provision of this will potentially require increased staffing and service input. So, recording patient acuity, comorbidity and dependency would have benefits for strategic planning and delivery of services. Therefore, the potential of developing the workforce audit to incorporate this data will be given consideration in future developments.

PD Clinical outcomes:

- PD Catheter patency at 12 months of >95% for advanced laparoscopic placement and 80% for all other catheter insertion methods (UKKA 2019)
- A rate of less than 5% for peritonitis within 30 days of catheter insertion (UKKA 2019)
- Overall peritonitis rates should be no more than 0.4 per year[15]
- Percentage of patients who are free of peritonitis per unit time should be >80% per year[15]
- Audit of timely PD catheter insertion in patients choosing PD as RRT modality, number of patients who had opted for PD as a RRT modality requiring to start on Unit HD (UKKA 2019)

Home Haemodialysis:

- Total number of patients choosing home haemodialysis as a modality choice.
- Number of patients failing to start Home Haemodialysis within 12 months of commencing a kidney replacement treatment, who had initially chosen HHD.
- Total number of patients changing their modality choice from HHD and what they are changing it too.

4.3 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, this version of the policy will remain extant until the revised policy is published.

[15] The International Society for Peritoneal Dialysis peritonitis guideline recommendations: 2022 update ISPD peritonitis guideline recommendations: 2022 update on prevention and treatment - PubMed (nih.gov)

5. 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.

6. Putting Things Right

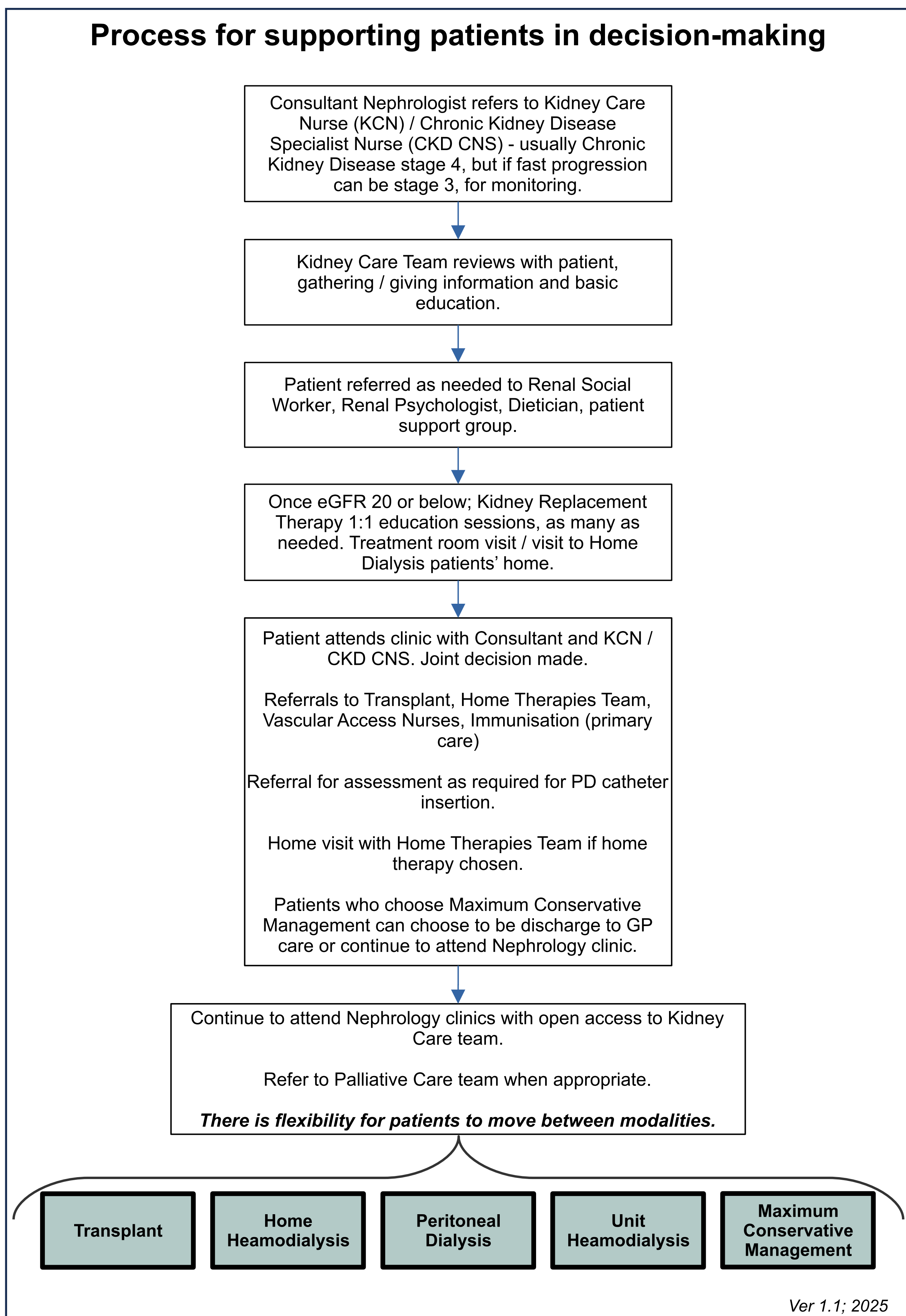
6.1 Raising a Concern

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.

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