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Committee

Vascular Access Service for Adults requiring Haemodialysis

Commissioning Policy: CP297

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Contents

| | |
|---|----|
| Abbreviations | 4 |
| Policy Statement | 5 |
| Welsh Language | 5 |
| Decarbonisation | 5 |
| Disclaimer | 5 |
| 1. Introduction | 7 |
| 1.1 Plain Language Summary | 7 |
| 1.2 Aims and Objectives | 8 |
| 1.3 Epidemiology | 9 |
| 1.4 Current Treatment..... | 9 |
| 1.5 What NHS Wales has decided..... | 10 |
| 1.6 Relationship with other documents | 10 |
| 2. Criteria for Commissioning | 12 |
| 2.1 Inclusion Criteria | 12 |
| 2.2 Exclusion Criteria..... | 12 |
| 2.3 Stopping Criteria | 12 |
| 2.4 Continuation of Treatment | 12 |
| 2.5 Acceptance Criteria..... | 12 |
| 2.6 Patient Pathway (Annex i) | 12 |
| 2.7 Designated Centres | 13 |
| 2.8 Exceptions | 13 |
| 2.9 Clinical Outcome and Quality Measures | 13 |
| 2.10 Responsibilities | 14 |
| 3. Evidence | 15 |
| 3.1 References | 15 |
| 3.2 Date of Review | 15 |
| 4. Equality Impact and Assessment..... | 16 |
| 5. Putting Things Right: | 17 |
| 5.1 Raising a Concern..... | 17 |
| 5.2 Individual Patient Funding Request (IPFR) | 17 |
| Annex i Patient Pathway..... | 18 |
| Annex ii Codes..... | 19 |
| Annex iii Glossary | 20 |
| Contact Us..... | 21 |

Abbreviations

| | |
|--------------|--|
| AVF | Arterio-venous fistula |
| AVG | Arterio-venous graft |
| CVC | Central Venous Catheter |
| ICD | International Classification for Disease |
| IPFR | Individual Patient Funding Request |
| 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 |
| UKKA | United Kingdom Kidney Association |
| WKN | Welsh Kidney Network |

Policy Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission Vascular Access services to facilitate haemodialysis for adults with chronic kidney disease requiring haemodialysis as their renal replacement 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 this Vascular Access Service 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 judgment, 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 Vascular Access services to facilitate haemodialysis for adult's resident in Wales with chronic kidney disease requiring haemodialysis as their renal replacement treatment of choice. Vascular access is an integral part of the patient pathway for adults who require Haemodialysis. The Welsh Kidney Network through the NHS Wales Joint Commissioning Committee (NWJCC) commissions this service through providers identified in Section 2.7.

The delivery of the service is determined by the Service Provider and may include creation of vascular access, monitoring and interventions to maintain vascular access. Recognising interdependency on Health Board provided services e.g. interventional radiology, medical physics and theatre access.

1.1 Plain Language Summary

Around 5% of people have Chronic Kidney Disease (CKD) at stages 3-5, which means their kidneys don't work properly. 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 renal replacement therapy, or they may choose to focus on managing symptoms without these treatments (called conservative management).

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

- Peritoneal dialysis
- Haemodialysis
- Kidney transplantation

Haemodialysis is a process where a machine cleans the blood by removing waste and fluid directly from the blood. To do this, healthcare workers need a way to access the patient's blood stream. This can be done in three main ways:

- Central venous catheter (CVC): A flexible tube placed in a large vein.
- Arterio-venous fistula (AVF): A connection made between an artery and a vein during a small surgery.
- Arterio-venous graft (AVG): A tube surgically placed between an artery and a vein.

Among these, the AVF is the preferred option because it has the fewest and least severe complications.

The number of people with chronic kidney disease is predicted to increase exponentially. Currently kidney disease is the 10th leading cause of death worldwide and is predicted to be the 5th by 2040¹. Demands on vascular services would mirror this rapid increase. It is therefore, more important than ever to ensure that patients are receiving high quality care, to increase the longevity of their access, reduce unnecessary admissions and facilitate prudent healthcare².

A Vascular Access service for adults requiring haemodialysis currently exists in 3 regions in Wales, Betsi Cadwaladr University Health Board, Cardiff & Vale University Health Board and Swansea University Health Board (refer to Section 2.7 for detail on commissioning responsibility).

This commissioning policy outlines the criteria for the commissioned services which enables patients to have the right vascular access for them. It is essential that choices are informed and individualised to the patient and their circumstances, 'the right access, right patient, right time'³.

1.2 Aims and Objectives

This policy aims to define the commissioning position of NWJCC on the use of Vascular Access for adults with chronic kidney disease requiring haemodialysis.

The objectives of this policy are to:

- ensure commissioning for the use of Vascular Access is evidence based
- ensure equitable access to Vascular Access services for adults with chronic kidney disease requiring haemodialysis
- define the commissioning criteria: for people with chronic kidney disease requiring haemodialysis to access treatment
- identify centres that are able to provide Vascular Access services for Welsh patients.
- to provide timely Vascular Access provision taking into consideration patient choice and improve outcomes for people accessing services.

¹ Kidney Disease a UK Public Emergency, Kidney Research UK, 2023; [Economics-of-Kidney-Disease-full-report_accessible.pdf \(kidneyresearchuk.org\)](#)

² A Healthier Wales: Our Plan for Health and Social Care, Welsh Government, 2021; [A Healthier Wales \(gov.wales\)](#)

³ UK Kidney Association Clinical Practice Vascular Access Guideline for Haemodialysis, published in April 2023. Available at [FINAL FORMATTED Vascular Access for haemodialysis April 2023.pdf \(ukkidney.org\)](#)

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 2040⁴. Consequently, the demands for vascular services is 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.

In order to have haemodialysis, it is essential that the healthcare practitioner has access to the patients circulating blood stream, this is achieved with vascular access, which comes under the categories of central venous catheter, arterio-venous fistula, and arterio-venous grafts.

A central venous catheter is a line which is inserted into a large vessel to enable access to the blood stream. This can be inserted in various positions in the body, the most common being the neck for ease of access. However, if this is for temporary haemodialysis access, in the case of an acute kidney injury (AKI) which the patient may recover from in a short period of time then the femoral vein in the leg is also commonly used. Some patients are unable to have an AVF or AVG or have made an informed choice to remain with a line, therefore this is the right access for these patients.

Having a tunnelled line as your form of Vascular Access, comes with complications and risks, such as those of serious infections which may result in hospitalisation and central venous stenosis, this is a narrowing in the vessels leading to the heart, which can cause neck and facial swelling. Therefore, [the UKKA guidelines \(2023\)](#) ⁵ advises that the best form of access for a patient is either an AVF or AVG. In order to have either of these options, it is important that the patient has a clinical assessment of vessel size followed by a consultation with a surgeon or Vascular Access Nurse Specialist. This is to fully inform the patient on risks and complications associated within tunnelled lines and allow time for

⁴ Kidney Disease a UK Public Emergency, Kidney Research UK, 2023; [Economics-of-Kidney-Disease-full-report_accessible.pdf \(kidneyresearchuk.org\)](#)

⁵ UK Kidney Association Clinical Practice Vascular Access Guideline for Haemodialysis, published in April 2023. Available at [FINAL FORMATTED Vascular access for haemodialysis April 2023.pdf \(ukkidney.org\)](#)

informed shared decision making. For some patients a line is the right choice of access, and it is essential that they have the right to choose.

1.5 What NHS Wales has decided

Vascular access is an integral part of the patient pathway for adults who require Haemodialysis. NWJCC have concluded that there is enough evidence to fund the use of Vascular Access for patients requiring haemodialysis within the criteria set out in section 2.1.

1.6 Relationship with other documents

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

- **Welsh Government Documents**

- All Wales Policy: [Making Decisions in Individual Patient Funding requests \(IPFR\)](#).
- National Clinical Framework
- NHS Wales Planning Framework
- [Quality Statement for Kidney Disease](#)

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

- SS297, Vascular Access 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 8: Haemodialysis Access Monitoring and Maintaining Vascular Access. [Quality statement 8: Haemodialysis access – monitoring and maintaining Vascular Access | 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 \(www.gov.uk\)](#)
- Welsh Government Policy: [Quality statement for kidney disease \[HTML\] | GOV.WALES](#)

- UK Kidney Association Clinical Practice Vascular Access Guideline for Haemodialysis published in April 2023. Available at [FINAL FORMATTED Vascular Access for haemodialysis April 2023.pdf \(ukkidney.org\)](#)
- Kidney Disease Outcomes Quality Initiative KDOQI, Clinical Practice Guidelines for Vascular Access (2019) <https://doi.org/10.1053/j.ajkd.2019.12.001> UK Kidney Association Clinical Practice Recommendations for the Needling of Arterio-Venous Fistula and Grafts for Haemodialysis (2018) [needling_guidelines2018.pdf \(vasbi.org.uk\)](#)

2. Criteria for Commissioning

The NHS Wales Joint Commissioning Committee approve funding of Vascular Access services to facilitate haemodialysis for adults with chronic kidney disease requiring haemodialysis as their renal replacement treatment of choice in line with the criteria identified in this policy.

2.1 Inclusion Criteria

- Patients must be Adults (over the age of 18)
- Patients with established Vascular Access and therefore will remain under the service for monitoring and treatment when needed.
- Patients who have chosen haemodialysis as their treatment modality and accepted a fistula or graft as the most appropriate form of Vascular Access

2.2 Exclusion Criteria

- Patients under the age of 18.

2.3 Stopping Criteria

A patient will be removed from the service when they do not have or do not require vascular access.

2.4 Continuation of Treatment

Haemodialysis is a life sustaining treatment as long as the patient has any form of vascular access they will remain under the service.

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.

2.7 Designated Centres

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

| Service Provider | Covering patients who reside within |
|--|---|
| Cardiff & Vale University Health Board | Aneurin Bevan University Health Board Cardiff & Vale University Health Board Cwm Taf Morgannwg University Health Board, Powys Teaching Health Board |
| Swansea Bay University Health Board | Hywel Dda University Health Board, Powys Teaching Health Board, Swansea Bay University Health Board, Cwm Taf Morgannwg University Health Board (for those patients who are receiving haemodialysis at Bridgend Dialysis Unit.) |
| University Hospital Birmingham | Powys Teaching Health Board |
| Shrewsbury & Telford NHS Trust | Powys Teaching Health Board |

For the avoidance of doubt, patients who reside within:

Betsi Cadwaladr University Health Board: The Vascular Access service for adults requiring haemodialysis is provided by Betsi Cadwaladr University Health Board. This is a legacy position whereby Welsh Government funded BCUHB directly for Vascular Access as part of the Renal Ringfence in 2010/2011.

2.8 Exceptions

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests can be found at: [Individual Patient Funding Requests](#).

2.9 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 NWJCC SS297 Service Specification; Vascular Access Service for adults requiring haemodialysis.

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.

2.10 Responsibilities

Referrers should acknowledge and where appropriate inform patients that:

- this treatment is not routinely funded outside the criteria in this policy, and
- only 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
- advise the patient of the risk of no treatment.

In all other circumstances an IPFR must be submitted.

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)**

- Clinical Practice Vascular Access Guideline for Haemodialysis, April 2023, Available at [FINAL FORMATTED Vascular Access for haemodialysis April 2023.pdf \(ukkidney.org\)](#)
- Practice Recommendations for the Needling of Arterio-Venous Fistula and Grafts for Haemodialysis (2018) [needling_guidelines2018.pdf \(vasbi.org.uk\)](#)

- **Kidney Disease Outcomes Quality Initiative KDOQI**

- Clinical Practice Guidelines for Vascular Access (2019) <https://doi.org/10.1053/j.ajkd.2019.12.001>

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. The United Kingdom Kidney Association (UKKA) vascular access guidelines will run for five years.

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.

5.2 Individual Patient Funding Request (IPFR)

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated.

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Individual Patient Funding Requests](#)

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 |
| OPCS-4 | L74.1 | Insertion of arteriovenous Prosthesis |
| OPCS-4 | L74.2 | Creation of arteriovenous fistula NEC |
| OPCS-4 | L74.6 | Creation of graft fistula for Dialysis |
| OPCS-4 | L91.1 | Open insertions of central venous catheter |
| OPCS-4 | L91.2 | Insertion of Central Venous Catheter |
| OPCS-4 | L91.5 | Insertion of Tunnelled Venous Catheter |

Annex iii Glossary

De novo

Latin phrase that means “anew”, “afresh”, “again” or “from the beginning”.

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