GIG CYMRU NHS WALES
Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Vascular Access Service for Adults requiring Haemodialysis

Service Specification: SS297

Document Information	
Document Name	Vascular Access Service for Adults requiring Haemodialysis
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Commissioning Team Author	Welsh Kidney Network
Target Audience	Chief Executives, Medical Directors, Directors of Finance, Consultant Nephrologists, Vascular Access Nurses, Welsh Kidney Network Board members
Description	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy.
Document updates	Terminology changes to include vascular scientist and ultrasound department.

Contents

Abbreviations

ANTT	Aseptic Non-Touch Technique
AVF	Arterio-venous fistula
AVG	Arterio-venous graft
BRS	British Renal Society
CKD	Chronic Kidney Disease
CNS	Clinical Nurse Specialist
CVC	Central Venous Catheter
CVS	Central Venous Stenosis
ICD	International Classification for Disease
IPFR	Individual Patient Funding Request
IR	Interventional Radiology
MDT	Multi-disciplinary Team
NWJCC	NHS Wales Joint Commissioning Committee
OPCS	A statistical classification for clinical coding of hospital interventions and procedures undertaken by the NHS
UKKA	United Kingdom Kidney Association
VA	Vascular Access
VANS	Vascular Access Nurse Specialist
WKN	Welsh Kidney Network

Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission Vascular Access services to facilitate haemodialysis for people with chronic kidney disease requiring haemodialysis as their renal replacement treatment of choice in accordance with the criteria outlined in this specification.

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 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 Vascular Access services to facilitate haemodialysis for adults resident in Wales with chronic kidney disease requiring haemodialysis as their renal replacement 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.

The Welsh Kidney Network through the NHS Wales Joint Commissioning Committee (NWJCC) commissions this service from Cardiff & Vale University Health Board, Swansea Bay University Health Board and NHS England as outlined within the NWJCC Commissioning Policy (CP297) Vascular Access service for adults requiring haemodialysis.

The Welsh Kidney Network is a Commissioning Clinical Network therefore it is an expectation that Vascular Access services for adults requiring haemodialysis should be delivered in accordance with the service specification to ensure equity of access and quality.

1.1 Background

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 a diagnosis of 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 2040, so demands on vascular services are also predicted to 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 healthcare[1].

This service specification covers those adult patients who are on haemodialysis and therefore require Vascular Access. As of July 2023, there were 1290 haemodialysis patients in Wales, with a range of ages from 18 to 98 and an average age of 63.9 years (2023 local data). The provision of Vascular Access, to gain access to the vascular system is essential for this life saving treatment to be performed.

1.2 Aims and Objectives

The aim of this service specification is to define the requirements and standard of care essential for delivering Vascular Access for adults with chronic kidney disease who have chosen haemodialysis as their treatment of choice.

The objectives of this service specification are to:

- detail the specifications required to deliver vascular access services for adults with chronic kidney disease requiring haemodialysis and who are residents in Wales.
- ensure minimum standards of care are set for the formation, monitoring and interventions to maintain vascular access.
- ensure equitable access to vascular access services for adults with chronic kidney disease requiring haemodialysis
- to provide timely vascular access provision taking into consideration patient choice and improve outcomes for people accessing services.

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

1.3 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**
  - CP297 Vascular Access Service, Commissioning Policy

- **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. Service Delivery

The NHS Wales Joint Commissioning Committee will commission the service 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 specification.

2.1 Access Criteria

To access this service patients must be Adults (over the age of 18) residing in Wales with chronic kidney disease, having chosen haemodialysis as their treatment of choice who meet the criteria for treatment as defined in NWJCC CP297 Commissioning Policy; Vascular Access Service for adults requiring haemodialysis.

2.2 Service description

In addition to the standards required within the Contract, specific quality standards and measures will be expected. The provider must also meet the standards as set out below.

The Vascular Access service for adults requiring haemodialysis in Wales is provided by regional centres; Cardiff and the Vale University Health Board, Swansea Bay University Health Board and Betsi Cadwaladr University Health Board, and NHS England namely; University Hospitals Birmingham NHS Foundation Trust and Shrewsbury & Telford Hospital NHS Trust.

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, Ultrasound and theatre access.

2.2.1 Clinical Standards

Deliver a high-quality service in accordance with current 'UKKA Clinical Practice Vascular Access Guidelines' (2023) including meeting the standards for:

- Reducing unacceptable variation in clinical practice, ensuring equitable access to services across Wales.
- Promoting and enabling prompt referral of patients into services, for timely formation of access (6-12 months before dialysis is required).
- Optimising patient outcomes and longevity of vascular access. Achieved through appropriate, effective and efficient management, monitoring and / or interventions.

- Ability to respond appropriately to access related urgent or emergency situations, such as loss of access function / access related ischemia.
- Ensuring that patients have individualised care; the 'right access, at the right time'.
- Reducing modifiable access related complications, such as line infections.
- Adoption / development of appropriate patient information, to ensure shared decision making, including information on vein preservation prior to referral into services.
- Time allowed within clinical hours to support education of staff to ensure appropriate knowledge of access within other clinical teams and allowing for a robust service with succession planning.
- Ensuring clinical time for research and innovation.

2.2.2 Facilities and equipment

The required facilities and equipment are documented below.

Essential

- Access to Outpatient services for clinical assessment of the patient.
- Access to an adequate number of theatre sessions to meet the size of the CKD/kidney replacement therapy population for both general and local anaesthetics lists, for formation of access and surgery for complications.
- Access to the Ultrasound Department for scanning for planning and monitoring of access.
- Access to interventional Radiology services to perform endovascular procedures to maintain access and for complex line insertions.

Desirable

- Portable Ultrasound scanning equipment for use in the haemodialysis unit to assess and assist with complex cannulations. Where staff are appropriately trained and supported.
- Access to hybrid theatres for complex interventional radiology and surgical cases, to optimise access options for patients.

Staffing / Specialist Teams

It is essential that there is a Multidisciplinary Team (MDT) approach to access decisions with the patient at the heart of the decision making process. The skillset of the MDT will be constant but the structure of the MDT may vary regionally based on patient pathways and internal infrastructure. The access service should work closely with the PRE dialysis / CKD / low-clearance teams for timely decision making and patient information. The staffing of the service should be as specified below.

- Named Lead for the Centre – MDT Membership
- Nephrologist
- Consultant Surgeons with experience in vascular access surgery.
- Vascular Access Clinical Nurse Specialist (VANS)
- Medical Physicist / Vascular Scientist
- Interventional Radiologist

2.3 Interdependencies with other services or providers

The provider of vascular access service for adults requiring haemodialysis should have clear pathways and partnerships with the relevant service to ensure patients are fully supported. Assessment and intervention should be delivered across the following services:

- Pre-Dialysis Services: Chronic Kidney Disease Clinical Nurse Specialists and Consultant Nephrologists
- Consultant Nephrologist and Transplant Nurses
- Haemodialysis Units – Including both Independent Service Providers and NHS
- Interventional Radiology
- Theatres
- Ultrasound Department

2.4 Exclusion Criteria

Patients who are under 18 and / or not residing in Wales are excluded from this service. This service is also not required for those patients who either do not currently have vascular access or do not require the formation of vascular access for haemodialysis.

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 patients resident in England who are registered with a GP Practice in Wales. They must also be over 18, either have vascular access with requires monitoring or intervention of require the formation of vascular access.

2.6 Patient Pathway (Annex i)

Please see Annex i.

2.7 Service providers/Designated Centres

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

Cardiff & Vale University Health Board Service provider for patients in South East Wales	Nephrology and Transplant Department University Hospital of Wales Heath Park Way Cardiff CF144XW
Swansea Bay University Health Board Service provider for patients in South West Wales	Morriston Hospital Heol Maes Eglwys Cwmrhydyceirw Morriston SA66NL
University Hospital Birmingham Service provider for some patients in Powys Teaching Health Board	Queen Elizabeth Hospital Mindelsohn Way Birmingham B15 2GW
The Shrewsbury and Telford Hospital NHS Trust for some patients in Powys Teaching Health Board	Royal Shrewsbury Hospital Mytton Oak Road Shrewsbury SY3 8XQ

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

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.

Centres should also comply with clinical governance arrangements, with any serious incidents, serious complaints or escalating numbers of either incidents or complaints, being reported through to the WKN so that appropriate monitoring through the NWJCC can be commenced. All NRI's associated with the service should also be escalated through to the WKN.

The WKN will also undertake Peer review once every 3 - 5 years to facilitate shared learning and promote good clinical practice throughout Wales.

3.1 Standards

The Vascular Access service should aim to deliver the following:

- Access to services for all haemodialysis patients, preferably referral to access service 6-12 months prior to starting haemodialysis to ensure adequate time for consideration and establishing appropriate and adequate Vascular Access.
- Timely access to sufficient perioperative anaesthetic assessments for general anaesthetic procedures.
- Timely access to dedicated theatre lists for local and general anaesthetics to enable the creation of Vascular Access prior to commencing dialysis.
- Access to adequate interventional radiology services and medical physicists / vascular scientists to diagnose, manage and maintain Vascular Access, to potentially increase the longevity of adequate Vascular Access for patients.

The provider must ensure:

- The provision of Vascular Access nurse specialists (VANS) to monitor access in the community, advise dialysis nurses on cannulation, assist with complex cannulation and co-ordinate Vascular Access services. This will include the management of clinic lists, prioritisation for theatre lists and outpatient services.
- Access to objective monitoring of vascular access, such as through the use of transonic or ultrasound devices which each centre should have access too.

- The establishment of an MDT which meets regularly to discuss complex access cases
- The ability to see emergency cases, such as hand ischaemia's and AVF ruptures urgently to adequately manage serious patient risk.

3.2 National Standards

The UKKA Clinical Practice Vascular Access Guidelines were published in April 2023 (FINAL FORMATTED Vascular access for haemodialysis April 2023.pdf), these provide a National Standard for patient care and the expectation is that their advice will be followed.

Essential

- An AVF should be advocated for those patients who have suitable anatomy and the likelihood of prolonged dialysis.
- It is recommended that there is individualised education on both dialysis access and vein preservation in all those patients who are likely to require long term haemodialysis which will start in the next 6-12 months.
- It is recommended that there is regular monitoring of AVF and AVG as they mature and prior to every cannulation, through the *'look, listen and feel'* clinical assessment, documented on the *pre-cannulation assessment tool* (Appendix 1). Supported by ultrasound where necessary to diagnose issues.
- Fistula should be cannulated with either the buttonhole or rope ladder cannulation technique where possible, the cannulation decision should take into consideration the *cannulation decision making model* (Appendix 2). Area puncture should be recognised and managed if it isn't possible to avoid.
- Staff should have high quality cannulation training, both practical and theoretical, we advocate the BRS and VASBI approved eLearning and practical competencies. This would also include the re-assessment of staff to maintain competencies in line with BRS recommendations which advocates a reassessment of practical competencies once every three years.
- AV access complications, such as stenosis or thrombosis, should be a shared management decision, taking into account clinical severity, treatability, alternative access options and patient priorities.
- Distal ischaemia 'steal', is diagnosed clinically according to clinical symptom severity, with severe cases managed with ligation of the access to restore perfusion to the hand.
- A tunnelled haemodialysis catheter should only be accessed by trained staff with strict Aseptic Non-Touch Technique (ANTT) approach, with an assessment of exit site and function at each session. Regular dressing changes are recommended.

The VA services across Wales in reflection of the 2023 UKKA guidelines will collect numerical data regarding outcomes, but with a strategy to reduce manual data entry by clinicians, observe trends rather than targets and look at comparative data and changes in regional service delivery for quality assurance. Below are the essential audit measures for collection.

3.3 Other quality requirements

- The provider will have a recognised system to demonstrate service quality and standards.
- The service will have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site.
- The quality system and its treatment protocols will be subject to regular clinical and management audit.
- The provider is required to undertake regular patient surveys and develop and implement an action plan based on findings.

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

The Welsh Kidney Network on behalf of NWJCC will conduct performance and quality reviews on a quarterly and an annual basis through the current Commissioner and Regional Provider Meetings.

4.2 Key Performance Indicators

The providers will be expected to monitor against the Quality Indicators as below.

Essential

1.	Amongst all patients receiving haemodialysis for 90 days (incident), the proportion dialysing with each vascular access type e.g. fistula, graft, central venous catheter.
2.	Amongst all patients receiving haemodialysis for more than 90 days (prevalent), the proportion with each vascular access type e.g. fistula, graft, central venous catheter.
2.	Amongst all patients receiving haemodialysis, the rate of Staphylococcus aureus bacteraemia, separated by access type at the time.
3.	First Access: Amongst patients starting renal replacement therapy, either de novo or after transplant failure, the proportion starting with each access / modality type (fistula, graft, tunnelled catheter, non-tunnelled catheter, peritoneal dialysis, transplant).

Aspirational

4.	Clinical outcomes for all vascular access types both AV access formation, and central venous catheter insertions, in all patients, (pre or post dialysis initiation) at 3 months and 12 months (post insertion or formation).

5.	Amongst all patients receiving haemodialysis, the rate of unplanned hospital admission, during which access dysfunction or complication was a dominant problem, separated by access type at the time.
6.	The wait time, and use of temporary access, between access failure and restoration of permanent access.
7.	The wait time between referral for, and carrying out, fistula formation.
8.	A yearly survey of cannulation practice and miscannulation.
9.	A yearly survey of patients' experience of access. VasQOL is suggested.

In addition to the quality metrics that will be monitored within the WKN and regional provider meetings through the WKN Audit Tool (which are listed in the table above).

The additional data required to comply with this service specification is as follows, this will be collected and submitted regionally unless stipulated:

- Reporting % of patients starting haemodialysis with the access of their choice (digital collection).
- Patient satisfaction measured through either the PREMs or through an accredited tool e.g. VasQOL collected annually.
- Activity data to be collected quarterly:
    - Number of patients waiting for LA (local anaesthetic) and GA (general anaesthetic) procedures.
    - Length of patient waits for LA and GA procedures, range and the average.
    - Number of patients attending for ultrasound scans for;
        - Vein mapping (UDDA – RADIS Code)
        - Diagnostic scanning of established access (UAVFI – RADIS Code)
    - Number of patients attending interventional radiology for the following:
        - Venogram
        - Thrombectomy
        - Fistulaplasty / Fistulagrams.

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

If an update is carried out, this version of the policy will remain extant until the revised policy is published.

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.

6.2 Individual Patient Funding Request (IPFR)

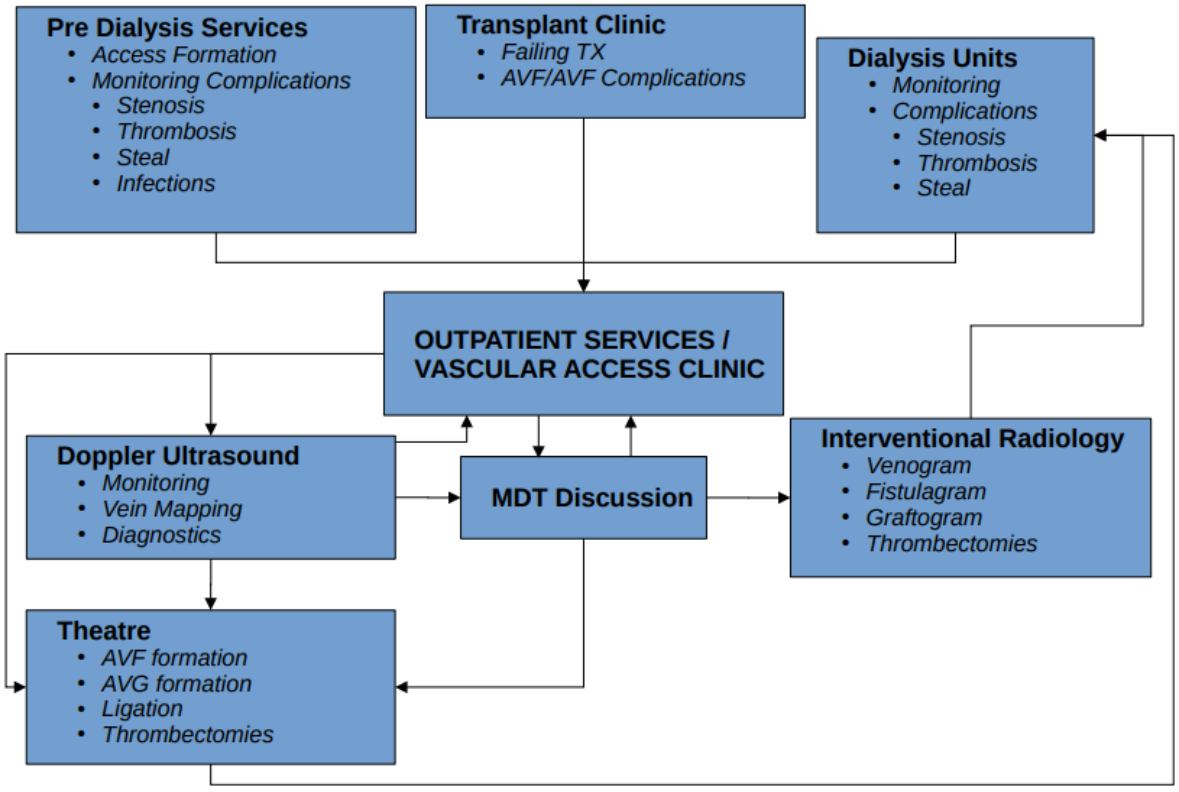
If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All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

Appendix 1

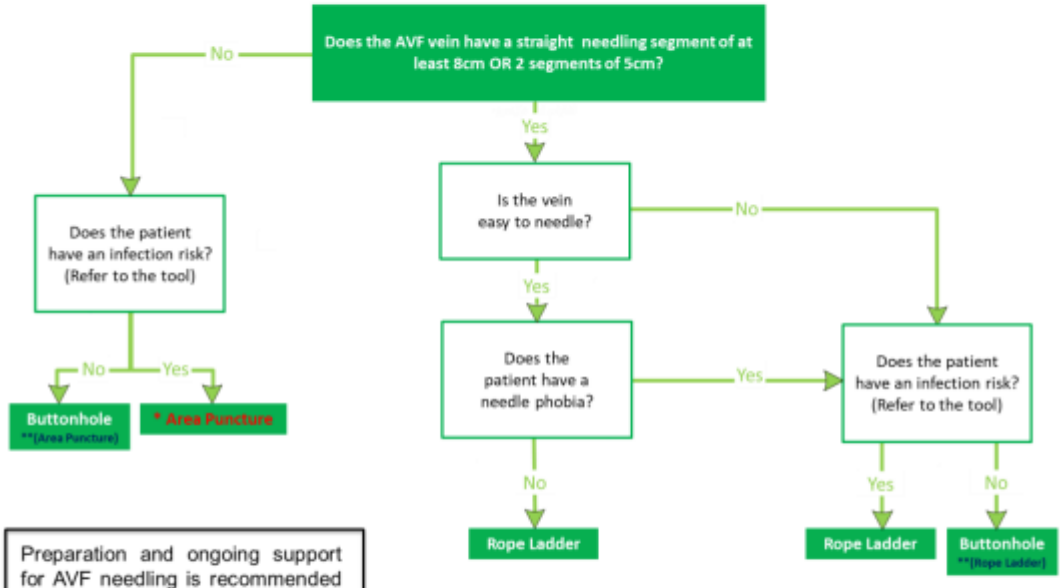
Signs and symptoms	Score	Actions
○ No scabs larger than the needle sites ○ No pain or new swelling ○ No necrosed areas ○ No aneurysms ○ No erythema ○ Normal bruit / thrill ○ No hardness over AVF/AVG	0	No action required Safe to needle
❖ No pain or new swelling ❖ No necrosed areas ❖ No scabs larger than the needle sites ❖ No erythema ❖ Normal bruit / thrill ❖ No hardness over AVF/AVG ❖ Aneurysms present and stable ○ Not increasing in size ○ Skin not shiny or thin over aneurysms	1	Monitor Consider photograph AVF/AVG for reference Document aneurysm size, by measuring arm diameter at aneurysm and position Safe to cannulate
• No necrosed areas • No scabs larger than needle sites anywhere on AVF/AVG Any of the following ○ Pain or discomfort to any area on the AVF/AVG ○ Aneurysms increasing in size or pulsating ○ New aneurysms ○ Thin and shiny skin around AVF/AVG ○ Whistling bruit on auscultation ○ Non needling segments hard on palpation ○ Bleeding around needle site during dialysis ○ Extended post dialysis bleeding >20minutes ○ Erythema >3mm anywhere on the AVF/AVG	2	Refer to Vascular Access Team Previous actions and Patient information given on actions and escalation if AVF/AVG bleeds at home Review individual's antiplatelet and anticoagulation prescription Consider swabbing erythema Lift arm above head, to assess whether aneurysms drain
Any of previous signs with any of the following: ❖ Pain / swelling to AVF/AVG ❖ Necrosed area on AVF/AVG ❖ Patient reports sites bleed at home ❖ Scabs at needle sites or elsewhere >3mm ❖ Absent or changed thrill on palpation ❖ Absent bruit on auscultation ❖ N segments hard on palpation ❖ Oozing (pus) from red/inflamed areas ❖ Erythema increased in size	3	Do not needle Urgently refer to Renal / Vascular Team Keep patient in department Previous actions and Swab pus / erythema Take blood cultures if erythema or pus present Take U&Es

Appendix 2

NEEDLING DECISION MAKING MODEL

This tool has been developed to help haemodialysis nurses and patients decide which needling technique is best for each individual arteriovenous fistula (AVF). However, this assessment will be unique and individual to each patient, so you will still need to apply clinical judgement. You may diverge from the decision making aid, so consider how your clinical expertise can justify this divergence. In particular, patient's who self needle their AVF may prefer to use buttonhole needling technique, although this will still be related to personal consideration.

Arteriovenous grafts (AVG) are not included in this model. AVG always have a long, straight needling segment, so should automatically undergo rope ladder needling.



Preparation and ongoing support for AVF needling is recommended in all age groups. Coping techniques such as relaxation, distraction and play therapy should be considered.

* BRS and VASBI do **not** recommend area puncture. If this assessment results in area puncture, please refer to the 'Area Puncture Action Chart.'

** If your unit does not use buttonhole, then you will need defer to the technique in brackets in the relevant box.

Infection Risk Screening Tool		
Criteria present: (Please tick)	Yes	No
Metallic Heart Valve		
Pacemaker		
Previous MSSA/MRSA bacteraemia		
Previous endocarditis		
Significant structural valvular heart disease		
MSSA / MRSA positive		
Mupirocin resistant MSSA		
Skin disorders causing itching or skin breakdown around cannulation sites		
Poor adherence to hygiene protocols		
Clinical Judgement/Other Considerations: On the basis of the above, this patient is / is not (delete as applicable) suitable for using buttonhole needling technique.		

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