GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Item 3.3 Appendix 2

Rhwydwaith Arennau Cymru
Welsh Kidney Network

Welsh Kidney Network
Deep Dive 2026/27
Summary Presentation

Improving Patient Outcomes through a Network approach working collaboratively to plan, secure, commission, monitor and evaluate high-quality kidney services for the population of Wales on behalf of the 7 Health Boards in Wales, within the resources available.

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Executive Summary

Key Messages:

- Chronic kidney disease (CKD) prevalence in Wales has increased by 33% over the last 12 years.
- Demand for kidney services continues to grow across all pathways.
- Significant variation exists in contracts, activity reporting, commissioning arrangements, funding arrangements and service delivery.
- The Deep Dive identifies opportunities to improve consistency, transparency, value for money and patient outcomes.
- Recommendations largely focus on governance, commissioning controls, data quality and pathway optimisation.

So What?

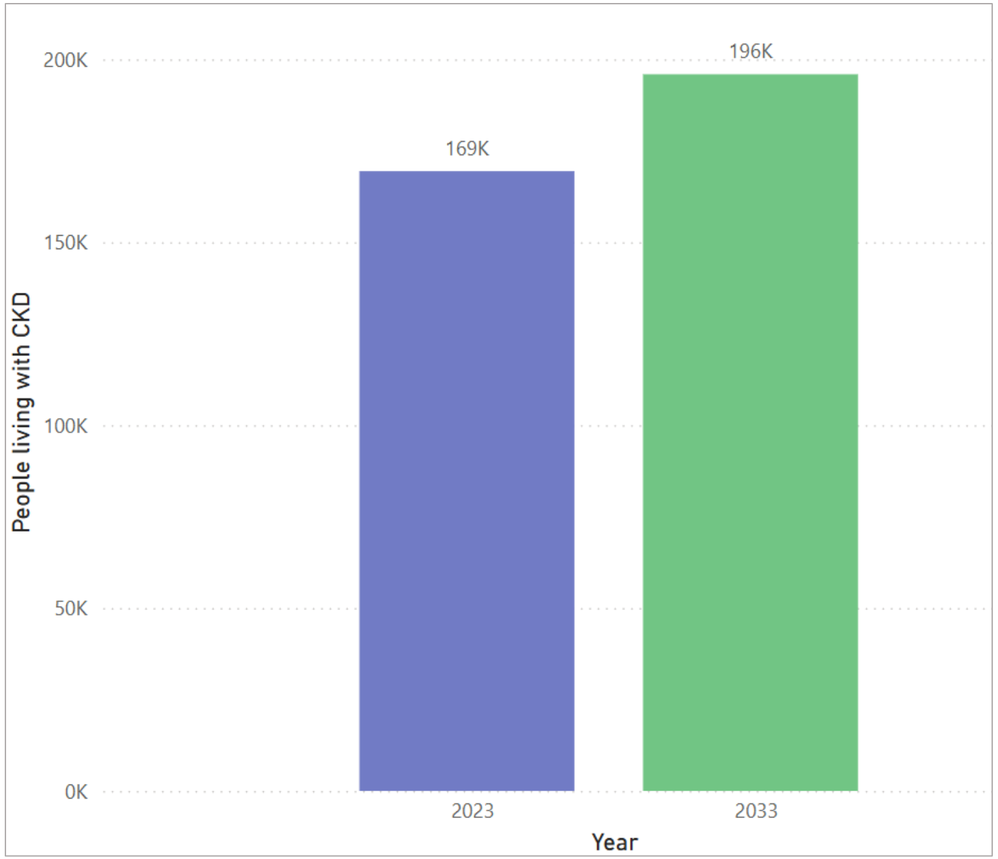
The current model is not sustainable without tighter commissioning control, standardisation and increased focus on prevention, transplantation and home therapies.

Why This Matters For The Welsh Population

The Challenge:

- CKD affects around 197,000 people in Wales.
- Estimated economic burden exceeds ~£320m (Welsh Kidney Network budget is ~£90m).
- Growing prevalence will increase pressure on dialysis, transplant and support services.
- Dialysis remains the most common treatment for people living with end stage kidney disease (ESKD).
- More patients are joining transplant waiting lists than receiving transplants.

Epidemiology - CKD Stages 3-5



So What?

Unless progression is slowed and demand managed differently, future service and financial pressures will continue to escalate.

Equity Of Access And Outcomes

Higher CKD risk in some ethnic minority communities makes early identification, reliable data and culturally appropriate health information and engagement essential.

Current Position

- The Welsh renal kidney population is predominantly White, but ethnicity data completeness varies across centers.
- The priority for addressing socioeconomic equity in kidney services is crucial due to the significant impact they have on kidney health and transplantation outcomes.

Assurance Focus

- Standardising datasets will enable more robust monitoring of access, outcomes and inequalities.

Intended Impact

- Earlier diagnosis, improved service access and reduced inequality in outcomes across Wales.

So What?

The WKN is taking a proactive approach to awareness, prevention, data quality and culturally appropriate engagement which can reduce inequalities in outcomes across all communities in Wales.

The Welsh Kidney Network's (WKN) Integrated Care Pathway

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Prevention

7.62% of the Welsh population over 16 years (n=196,815)

CKD Care

Kidney Transplant

5.8% of Welsh population started treatment with a transplant in 2023

Home Dialysis

17.8% of the total dialysis population

Unit Dialysis

82.2% of the total dialysis population

Supportive Care

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Patient Stories

Patient Story 1: Home Dialysis Experience (Swansea Bay UHB)

A man in his 50s described feeling consistently reassured and supported throughout his dialysis journey, from starting treatment to transitioning successfully to home dialysis.

He praised the continuity of care provided by his consultant and home dialysis team, describing the nurse lead as ***"like having a friend in the hospital."***

Receiving care in Welsh made a significant difference to his experience, saying ***"It was comforting. It made me feel at home straight away."***

He felt confident that help was always available, concluding that "***If I ever had any problems, I knew I could contact the team. The support is there 24 hours a day. My team have been fantastic and the care is excellent."***

Patient Story 2: Living with Kidney Failure and Raising Awareness (Betsi Cadwaladr UHB)

A man in his 30s, who is registered blind and receives dialysis following kidney failure related to Type 1 diabetes, highlighted the importance of personalised support and accessibility. He described the dialysis nurses and Welsh Ambulance staff's guidance and communication as invaluable, saying ***"I rely on people explaining what they're doing and helping me navigate the unit. The support from the nurses has been invaluable."***

Drawing on his lived experience as a Kidney Wales ambassador, he is passionate about supporting others and raising awareness, explaining ***"Only people who live with kidney disease truly understand what it is like."*** He believes sharing experiences helps improve understanding and support for patients and families affected by kidney disease: ***"If we share our story and our journey with even one person, they may go on to share it with others. That's how awareness grows, and that's why sharing our experiences is so important."***

Practical Barriers For Equitable Access To Home Dialysis

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Key Messages:

- All suitable patients should be offered home dialysis, irrespective of socioeconomic circumstances.
- Local outpatient services and outreach clinics help reduce geographical inequity by bringing specialist support closer to home.

Support Package:

- Electricity cost reimbursement; funded plumbing and electrical works; Portable and lower-infrastructure reliant technology; Kidney social worker support; Kidney dietician support for dietary advice; Grants and practical assistance.

Third Sector Partners:

- Kidney Wales
- Kidney Care UK
- Popham Kidney Support

So What?

Without financial, clinical, practical and charitable support, which is in place, socioeconomic factors would create a wider gap on equity of access across Wales.

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Quality and Outcomes: **Kidney Pathway to Improve Patient Outcomes**

Prevention		Early diabetes and blood pressure control and taking kidney-protective medicines (e.g. SGLT2 inhibitors) stops or slows CKD progression
CKD Care		Working as an MDT to enable shared decision-making with patients and families / carers on the best treatments for them individually
Transplant		Patients experience longer life expectancy; lower rejection and complication rates
Home Dialysis		Higher quality of life; better clinical control resulting in fewer medicines used and complications
Unit Dialysis		Required for patients with complex needs providing specialist oversight
Vascular Access		Fistula access provides better dialysis efficiency, lower infection risk and improved survival versus catheters
Supportive Care		Results in a reduction in hospital visits, invasive procedures and infections, and better quality of life
Pharmacy		Pharmacy led optimisation reduces harm and drives system savings

So What?

Prevention, transplantation, home dialysis and medicines optimisation offer the greatest opportunities to improve outcomes whilst reducing future demand.

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What the Deep Dive Found

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Three Themes:

1. Contracts and financial arrangements lack consistency.
2. Data and activity reporting are not standardised.
3. Pathway opportunities exist to improve outcomes and reduce costs.

So What?

The Network cannot consistently compare performance, benchmark services or assure value for money across Wales.

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Contracts and Commissioning

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Betsi Cadwaladr University Health Board	Cardiff & Vale University Health Board	Swansea Bay University Health Board
Commissioned Areas: ➢ Unit Dialysis ➢ Home Dialysis	**Commissioned Areas:** ➢ Unit Dialysis ➢ Home Dialysis ➢ Vascular Access ➢ Transplant (Kidney, Pancreas and Simultaneous Pancreas/Kidney)	**Commissioned Areas:** ➢ Unit Dialysis ➢ Home Dialysis ➢ Vascular Access
Activity Baseline 26/27: ➢ 30,264 unit/ISP sessions ➢ 93 Home Therapies patients	**Activity Baseline 26/27:** ➢ 95,225 unit/ISP sessions ➢ 27,185 PD sessions ➢ 5,920 HHD sessions ➢ 100 transplants ➢ Inpatient, Outpatient, Day cases	**Activity Baseline 26/27:** ➢ 65,920 unit/ISP sessions ➢ 1,236 (accumulative) HHD/CAPD/APD patients ➢ Inpatient, Outpatient, Day cases

Key Findings:

- Variation in LTAs and commissioning currencies.
- Limited transparency around funding flows.
- Insufficient change control arrangements.
- Unclear interfaces between commissioner, provider and commercial suppliers.

Recommendations:

- Standardise commissioning arrangements.
- Introduce formal change control.
- Annual open-book financial review.
- Develop consistent reporting schedules.
- Rebase commissioning currencies.

So What?

Improved commissioner oversight and better financial assurance.

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Commercial Contracts

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Key Findings:

- Wide variation in dialysis contract arrangements.
- Capacity and utilisation risks sit differently across providers.
- Procurement and contract management capability varies.

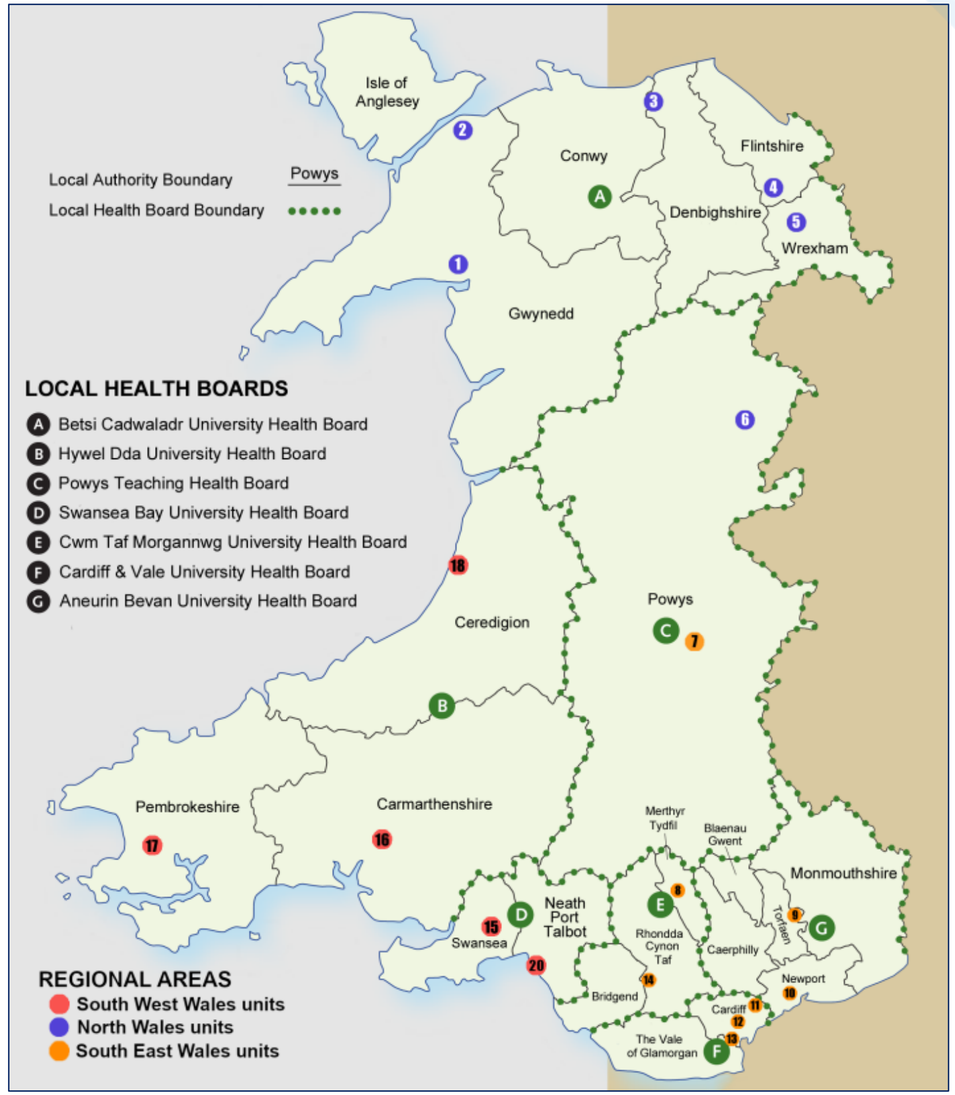
Recommendations:

- Wales-wide governance and management 'Framework' for Commissioned Services sub-contracted to the Private Sector for delivery.
- Tri-party governance (Provider-Supplier-Commissioner).
- Clear risk-sharing and accountability arrangements.
- Standard contract management approach.

So What?

Reduced financial risk and stronger commercial control.

Dialysis Units in Wales



Non-Commissioned Investment

Investment profile against activity type

Activity Type	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Swansea Bay UHB
Commissioned	£18,383,058	£27,686,876	£15,431,785
% of budget	94%	65%	62%
Drugs	£1,022,961	£1,821,357	£1,626,747
% of budget	5%	4%	7%
Non-Commissioned	-	£12,838,788	£6,489,146
% of budget	-	29%	26%
Additional Investment	£178,534	£985,748	£1,312,366
% of budget	1%	2%	5%

Key Findings:

- Significant historic investment sits outside clearly commissioned activity.
- Inconsistent transparency regarding utilisation and outcomes.
- Lack of clarity between funded and commissioned services.

Recommendations:

- Rebase budgets and establish a clear audit trail.
- Review continuation of non-specialised funding.
- Analyse all non-commissioned activity.

So What?

Greater transparency over where resources are spent and what outcomes are achieved.

Transplant and Dialysis

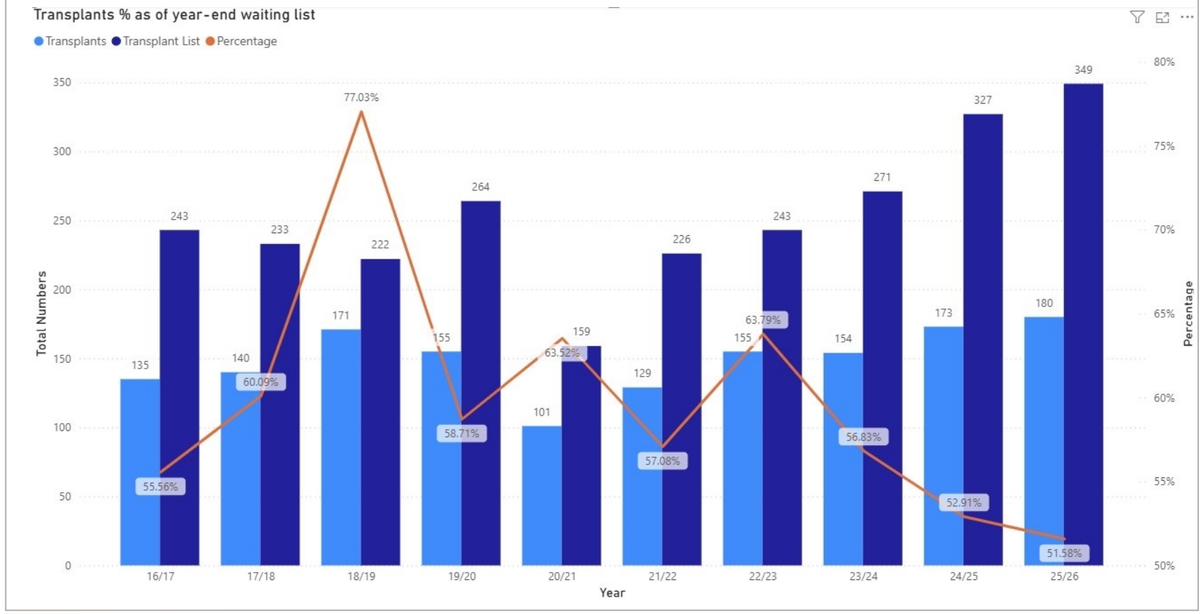
Key Findings:

- Waiting lists are growing faster than transplant activity.
- Home dialysis remains below the Network's strategic ambition.
- Unit dialysis remains the dominant treatment modality.

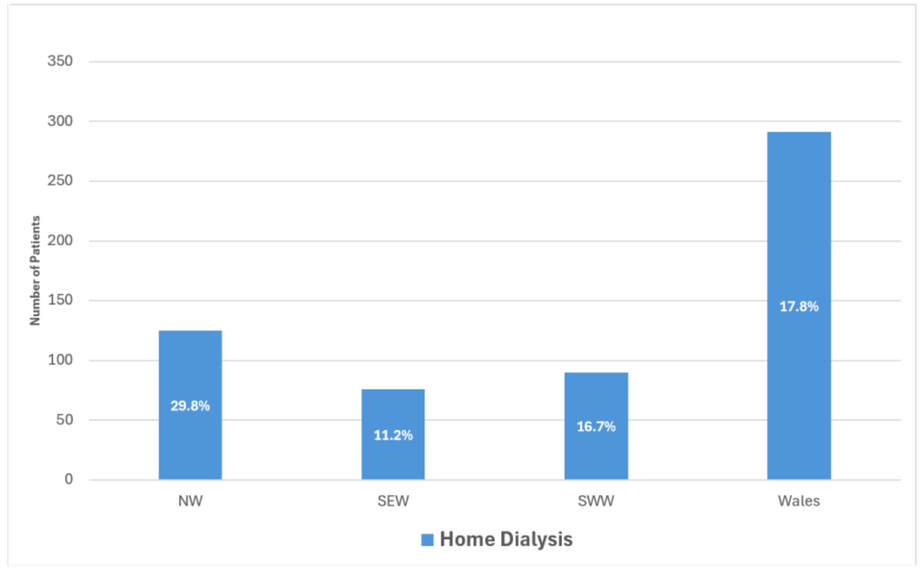
Recommendations:

- Increase transplantation rates through expanded living donor programmes and greater access to pre-emptive transplantation.
- Bring transplant commissioning into a single portfolio.
- Deliver 30% home dialysis ambition by 2029.
- Improve data quality and consistency in reporting.

% of transplants performed each year relative to the transplant waiting list



% of dialysis patients on Home Dialysis in Wales



So What?

Better patient outcomes and lower long-term costs.

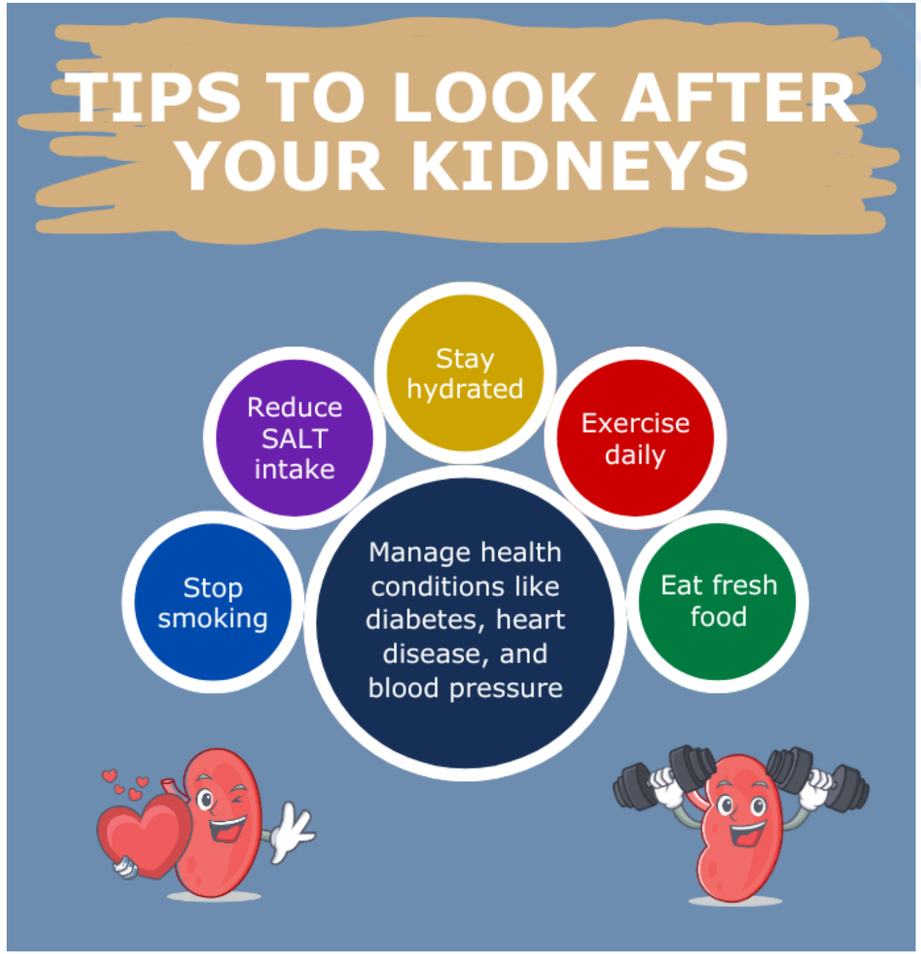
Prevention and Early Intervention

Key Findings:

- Delaying kidney disease progression enables patients to stay healthy for longer.
- Strong progress through primary care CKD optimisation work.
- Prevention programmes beginning to show impact.

Recommendations:

- Continue all-Wales prevention programme.
- Maintain focus on CKD and Acute Kidney Injury (AKI) prevention.
- Monitor and scale successful initiatives.
- Quantify prevention programmes



So What?

Prevention remains the biggest long-term opportunity to reduce future demand.

Clinical Outcomes, Benefits and Financial Value

Illustrative Benefits: Impacts on Value for Money

Prevention		• Preventing progression avoids expensive ESKD care and dialysis (£35k/year per patient).
CKD Care		• Better quality of life • Slower disease progression • Fewer hospital admissions • Reduced cardiovascular risk
Transplant		• Annual saving: £24,100 saved per patient for every year the transplanted organ functions • Lifetime saving: £223,619 incremental lifetime reduction compared to remaining on dialysis
Home Dialysis		• Per-patient saving: £12,000 per year when switching from unit to home dialysis • Consistency in what we pay
Unit Dialysis		• Improved contract management by regions, could result in cost avoidance
Vascular Access		• Fewer admissions and procedures: Lower infection and complication rates reduce hospital and treatment costs
Pharmacy		• Delaying progression to dialysis • All Wales contract: £5m annual savings from coordinated Erythropoiesis Stimulating Agents (ESAs) prescribing; system studies show £1m+ from pharmacist interventions

So What?

The strongest return on investment comes from prevention, transplantation, home therapies and medicines optimisation.

Questions that Require Further Analysis

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Findings to be Ascertained and/or Discrepancies:

- ISP invoices received by procurement for commercial contracts versus total spend on activity for unit dialysis.
- Funded non-commissioned activity varies across regions.
- Unit costs for regions delivering NHS unit dialysis.
- Accountabilities for unintended consequences and any financial impact for commercial unit dialysis contracts.

Recommendations:

- Review processes for ISP invoices and consider pass through contract mechanism.
- Analyse all non-commissioned activity.
- Benchmark NHS and ISP unit dialysis costs in Wales.
- Clear accountability arrangements for commercial contracts.

So What?

Greater transparency over where resources are spent to ensure value for money and identify any cost avoidance.

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Committee Decisions Required

The Committee is asked to:

1. Endorse the Deep Dive findings.
2. Approve the recommended work programme.
3. Support implementation planning for 2027/28.
4. Endorse development of:
    - Standard commissioning arrangements.
    - Annual open-book financial reviews.
    - Minimum datasets and reporting standards.
    - Introduction of formal change control.
    - All-Wales clinical standards.
    - Home dialysis and transplant improvement programmes.

"HHD has given me flexibility, freedom, and control. I feel happy, healthy, and very grateful for this life-saving technology."

So What?

Approval will provide the mandate to move from review into implementation and system improvement for patients, providers and commissioners.

Final Messages

- The Deep Dive highlights opportunities to improve patient outcomes, strengthen commissioning assurance and secure better value for money across Wales.
- Current commissioning, funding and reporting arrangements have evolved over time and now require greater consistency, transparency and oversight.
- Significant opportunities exist to improve value for money through stronger commissioning assurance and better use of data.
- Kidney disease is increasing significantly and will continue to place growing pressure on services across Wales.
- Prevention, transplantation, home dialysis and medicines optimisation offer the greatest opportunities to improve outcomes whilst reducing future demand.