

BRIDGING THE GAP: Ensuring Patient Access to Home Therapies



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FOREWORD

Your kidneys keep you alive. But for me, someone who is living with end-stage kidney failure, unless you have a successful transplant then dialysis is the only way to survive. I am proud to be one of the 30,000 people who make up the UK's kidney dialysis community.

When I was 13 years old, I developed an auto-immune condition which aggressively attacked my kidneys. My world changed in an instant. I went from living a normal teenage life, to spending the next 18 months in hospital going through a huge range of challenging treatments to no effect, until my kidneys failed completely. Suddenly, I had to learn about the world of dialysis, something about which I, like many in the UK, knew very little. But after a year and a half of difficult, unpredictable health, in many ways, dialysis came as a relief.

I count myself as incredibly lucky. I was fortunate that I was under the care of a forward-thinking clinical team at Guy's and St Thomas' NHS Foundation Trust in London who advocated that all their young patients go onto home dialysis if at all possible. This decision – to be given the choice of home dialysis – allowed me to rebuild my life, finish my education, have a career and pursue the dreams and ambitions that should be the right of any person, young or old. Dialysing at home freed me from the hospital and allowed me to get my life back on track.

I am unable to have a transplant due to complications, so I have now been on home dialysis for 23 years. For me, this form of care has been constant since the beginning, but sadly for many patients, this is simply not the case. Despite a clear understanding in the kidney community of the benefits of home therapies, and clinical guidance – now over a decade old – that all patients who are clinically suitable should be given the choice of a home therapy, there is considerable variation in education, choice and, consequently access. Patients face a postcode lottery in accessing home dialysis, with still too many not properly informed that they have the option of such treatments.

Whereas I and other home dialysis patients can dialyse as frequently as we wish, patients who dialyse in-centre almost always do only three times a week. This treatment is more intense over a shorter time period, which can be very draining. It often leaves patients feeling physically exhausted as the body is pushed so hard during these treatments, and their toxin and fluid levels build up again immediately while they face a long wait until their next dialysis session. As a result, these patients must adhere to strict fluid and diet restrictions; they must also travel to and from the dialysis centre, which is a time consuming and often exhausting

experience. Dialysis on the hospital's schedule can often prevent people from getting a job or completing their education, and from enjoying a good quality of life.

Home dialysis allows people to dialyse to a schedule which suits them, at a time of their choosing. I dialyse overnight for up to 8 hours, at least 5 nights a week, providing 40 hours of weekly dialysis as compared to the 12 hours given to in-centre patients. I have no side-effects, symptoms or restrictions. Most importantly, despite the daily challenges that any dialysis patient faces, my treatment schedule allows me to be a participating, active member of society. I can fulfil my potential personally and professionally and live well.

The gains to be made from dialysing at home are transformational. However, all too often UK dialysis patients are not given the opportunity of home dialysis, nor are they provided with enough information to make a truly informed decision on how to dialyse.

In 2021, the NHS's Getting it Right First Time (GIRFT) programme recommended that a minimum of 20% of patients should be on home dialysis in every dialysis centre. The NHS England Renal Services Transformation Programme is working to increase the provision of and access to home therapies, in line with the GIRFT recommendations. Whilst there are dialysis centres exceeding this, 33 of 52 centres in England have not yet met the target.¹ This must change. Everyone in the kidney community – from care providers to patients, from charities to industry partners – needs to work collaboratively to ensure that by December 2022 every dialysis centre has laid down preparations to achieve the 20% target of home dialysis provision.

In November 2021, I joined politicians, leading nephrologists, nurses, patients and charities from across the UK kidney community at a Westminster roundtable to understand the barriers that prevent patients from choosing and accessing the care they want to receive at each stage of their dialysis journey. This report, and the recommendations within it, are intended to support the work of the Renal Services Transformation Programme to achieve the 20% target.

I hope that you will join us in our efforts to help patients to realise the benefits of home therapies, to achieve better outcomes and to help them to live more freely.

Maddy Warren,
Strategic Dialysis Advisor and Community
Engagement Consultant,
QUANTA Dialysis Technologies

I. EXECUTIVE SUMMARY OF RECOMMENDATIONS

Across the United Kingdom, there are nearly 30,000 people on dialysis². The NHS has a proud history of excellence in dialysis provision, with staff working under immense strain amidst ever tightening resource budgets. Nevertheless, as the 2021 Getting it Right First Time (GIRFT) report on renal medicine highlights, there is currently widespread, unwarranted variation in access to treatments, patient experience and clinical outcomes in dialysis care.³

Since its introduction in the 1960s, most dialysis care has been delivered in-centre at hospitals or clinics, built around a rigid and restrictive three times a week schedule which is more costly to the NHS and in comparison to home dialysis can lead to higher mortality, clinical and quality of life outcomes.⁴ Home therapies (both home haemodialysis and peritoneal dialysis) can have a transformative effect on people's quality of life.⁵

In the last 18 months, COVID-19 has exaggerated the negative impact of variation in dialysis care and heightened the need to radically increase home therapy provision. Analysis from the UK Renal Registry has demonstrated that the relative risk of death associated with COVID-19 among in-centre dialysis patients 'was much higher than that of the general population in England, especially among those of younger age'.⁶

The UK kidney community has long called for patients to be provided with greater choice in their dialysis care, recognising the need for increased awareness and education around home therapies, and greater equity of access across the country. With Quanta Dialysis Technologies' ("Quanta") 2021 Patient Survey demonstrating that 34% of haemodialysis patients have never been offered the choice to dialyse at home, there is more work to do.⁷

Following a roundtable meeting in Westminster in Winter 2021 with leading nephrologists, politicians, patients, industry representative and charities, Quanta's 'Bridging the Gap' report makes five key recommendations to address those barriers and support the UK dialysis community in meeting the 20% target. These are:

RECOMMENDATION 1: Dialysis centres should proactively and universally offer educational and psychological support to people undergoing dialysis, at all stages in their journey. The goal should be to gradually build their knowledge, skills and confidence and ensure they are dialysing in the right way for them at the time.

RECOMMENDATION 2: All dialysis centre staff should receive updated training to build their home dialysis knowledge to enable positive discussions with patients, and conversations should focus on finding solutions and not highlighting the barriers.

RECOMMENDATION 3: Information for patients about transitioning to home therapies should be

standardised and include details of the practical and financial support available. This should include a consistent approach to power and water bill contributions from the NHS to ensure nationwide equity. The Government should ensure that educational resources are also provided to local authorities, enabling them to respond appropriately to the needs of people in their area who want to choose home therapies.

RECOMMENDATION 4: At all stages of the dialysis decision making process, suitable peer support or home dialysis patient mentors should be offered. Additionally, support from a consistent team of professionals is critical to build trust and continuity of care. This could be done virtually or in person, according to the needs of each individual considering or undergoing home dialysis.

RECOMMENDATION 5: A review of dialysis reimbursement should take place to ensure training and educational needs can be met, and also to incentivise higher frequency dialysis at home, such as alternate day treatments, to support all dialysis centres to meet the 20% target.

II. STATE OF THE NATION: DIALYSIS PROVISION IN THE UK

AROUND
3 MILLION
PEOPLE IN THE UK HAVE
CHRONIC KIDNEY DISEASE (CKD)⁸

STAGE 3-5 CKD IS EXPECTED
TO INCREASE TO
4.2 MILLION
IN 2036⁹

OVER
68,000
PEOPLE IN THE UK ARE BEING TREATED FOR KIDNEY FAILURE¹⁰

CURRENT BREAKDOWN OF TREATMENT:¹¹

2%
HOME
HAEMODIALYSIS

35.8%
IN-CENTRE
HAEMODIALYSIS

5.4%
PERITONEAL
DIALYSIS

56.8%
RECEIVED A
TRANSPLANT

60%
OF THE HOME DIALYSIS
POPULATION ARE MALE¹²

55 YEARS
IS THE AVERAGE AGE
OF DIALYSIS PATIENTS ¹³

CURRENT AGE BREAKDOWN:

4.8%
PATIENTS
UNDER 30

36.1%
PATIENTS
AGED 31-55

43.4%
PATIENTS AGED
BETWEEN 56-74

15.7%
PATIENTS
75+

BLACK, ASIAN AND MINORITY ETHNIC GROUPS ARE

5 TIMES
MORE LIKELY TO DEVELOP CKD¹⁴

CURRENT BREAKDOWN OF DIALYSIS PATIENTS BY ETHNICITY:¹⁵

12.5%
ASIAN

7.5%
BLACK

71.2%
WHITE

3%
OTHER

6.1%
MISSING

III. THE PROMISE OF HOME DIALYSIS THERAPIES

What are home dialysis therapies?

Chronic Kidney Disease (CKD) is a major health challenge in the UK, and its burden is only expected to increase in the coming decades. We need to plan for this now. More than three million people in the UK have been diagnosed with CKD¹⁶ - more than the number of people living with all cancer types combined¹⁷ and is set to grow to 4.2 million in the next 15 years for a variety of reasons, including increasing rates of diabetes, obesity, high blood pressure and an ageing population.¹⁸

When a person has end-stage kidney disease, their kidney function declines to a critical level and these complex organs are no longer able to carry out their role of filtering out dangerous toxins and excess water from the body. Without dialysis treatment or a transplant, this will cause severe illness and death. When dialysis is needed, in an ideal world the patient and their care team will consider and decide together whether to dialyse at home or in-centre. There are two forms of home dialysis therapy:

- **Home haemodialysis:** Haemodialysis is the most common form of dialysis. Tubes are attached to needles in the arm or via a line in the neck, with blood passing through an external machine which filters toxins and water from the blood before returning it to the body. Suitable patients can safely undertake the procedure themselves at home, carrying out sessions which meet their clinical needs on a regimen that fits their lifestyle including overnight whilst they sleep.¹⁹
- **Peritoneal dialysis:** In this form of treatment, a catheter is placed into part of the abdomen via a surgical procedure.²⁰ Sterile cleansing fluid fills the peritoneal cavity through the catheter, and the blood is filtered internally via the peritoneal membrane. The fluid is then drained out via the catheter and this process is repeated. This therapy can be undertaken safely by the patient themselves in the comfort of their own home, at intervals through the day or overnight.

What are the benefits of home therapies?

Improved health and wellbeing

The most significant benefit of home therapies are the improved outcomes for people on dialysis. When patients dialyse more regularly, they are more effectively replicating the natural function of the kidneys. Multiple studies have demonstrated that longer, more frequent dialysis sessions, undertaken at a schedule of the patient's own choosing, achieve

better results than a thrice weekly schedule in-centre. For example, people doing alternate day dialysis have been shown to experience fewer symptoms such as shortness of breath, high blood pressure and left ventricular heart damage.²¹ People on home haemodialysis have up to 13% lower risk of death compared to those on in-centre haemodialysis.²² NHS England has acknowledged the limitations of standard in-centre haemodialysis, in particular the increased risk of hospitalisation or death after the weekly 'two-day break' between sessions in-centre.²³

Better mental health

Depression is the most prevalent psychiatric illness in patients with end-stage kidney disease, with one study showing that rates within the dialysis population vary from 22.8% to 39.3%.²⁴ Studies have also shown that depression is a significant predictor of mortality in dialysis patients. This is particularly important for younger people on dialysis, who report a lower quality of life than young adults in general.²⁵

People who have the choice of dialysing for as long as they need, at a time of their choosing, dialyse with freedom.²⁶ They do not have to spend time travelling to and from a dialysis centre, on a schedule that they cannot control or easily adjust. This means they can spend more time with their families and friends, pursue a professional career or hobbies - activities that those not on dialysis take for granted. This can have a transformative effect on their mental health and wellbeing, with studies showing that mental health issues in home dialysis patients are reduced by 80%.²⁷

The most cost-effective dialysis modality

Care for end-stage kidney failure is disproportionately resource-intensive for the NHS - renal replacement therapy (dialysis and transplantation) accounted for 1.3% of the overall pre-pandemic NHS budget, despite this patient population making up only 0.1% of the UK population.²⁸ Home therapies can reduce the pressure on an already strained NHS workforce and reduce costs across the care pathway, particularly for transport.²⁹ The average patient travels to their dialysis centre three times a week, 52 weeks a year, with the NHS funding an estimated 3.3 million journeys each year, accounting for one of the highest NHS transport costs.³⁰

Increased utilisation of home therapies can play a key role in providing more value to the NHS, with significant reductions in the cost of transport and the removal of any direct hospital-related costs and human resources. A recent peer reviewed study published in Hemodialysis International found that based on annual

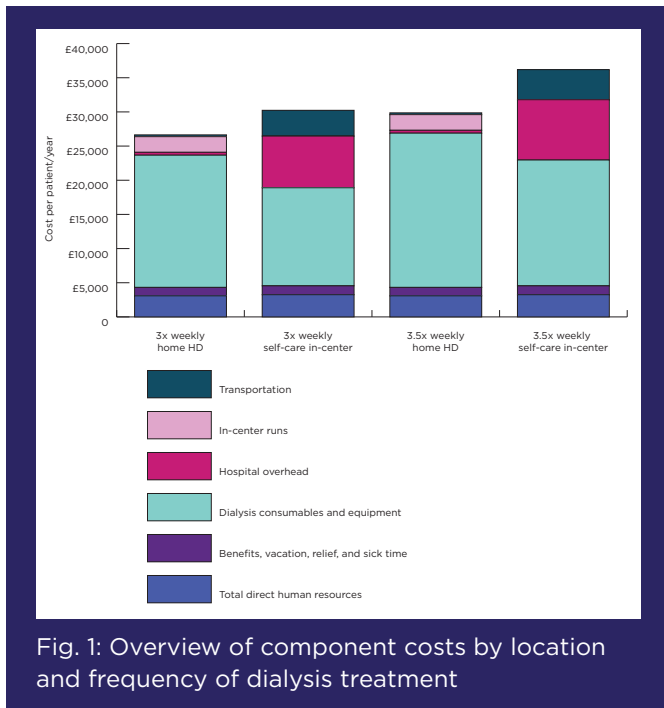


Fig. 1: Overview of component costs by location and frequency of dialysis treatment

costs, using the SC+ dialysis machine to dialyse 3 or 3.5 times a week at home or through self-care in centre, offered improved cost-effectiveness compared to three times weekly in-centre dialysis using conventional machines.³¹ (see Fig. 1) The cost-effectiveness of 3.5 times weekly is particularly important to note, as this schedule eliminates the need for the weekly “two-day break” which carries a higher mortality risk.

The impact of COVID-19

The pandemic has been devastating to people with kidney disease, their families and carers. People on dialysis are often immunosuppressed and regardless of their dialysis modality they are at particular risk of the very worst effects of COVID-19.³² However, patient experiences and outcomes have varied significantly between home and in-centre dialysis patients. Studies

pre-dating the vaccination roll-out demonstrated an extremely high relative mortality of patients on in-centre dialysis, whereas data from the Renal Registry found that home dialysis consistently reduced the risk of acquiring COVID-19 for this vulnerable group.³²

Elsewhere, the 2020 ‘Patient Reported Experience of Kidney Care in the UK’ survey found many dialysis centres ‘reported difficulties such as staff shortages caused by sickness or self-isolation, lack of suitable space to ensure adequate social distancing and high numbers of positive COVID-19 cases and related severe illness amongst their patients’.³⁴

These findings were supported by a recent patient survey by Quanta, which demonstrated considerable variation in patient experience between those receiving dialysis at home and those in-centre. 66% of in-centre haemodialysis patients were concerned about having to receive their treatment during the pandemic, compared with 27% of those on home haemodialysis. On the ability to shield safely, just under half (47%) of in-centre patients surveyed said they felt they were unable to maintain social distancing, compared to 100% of home patients.³⁵

Bridging the Gap to greater home dialysis

The 2021 Renal GIRFT report highlighted considerable variation in patient experience, choice and access to home dialysis provision, which ranges from 4% to 35% across dialysis centres in the UK.³⁶ Access also differs with age, ethnicity, socio-economic status and gender.³⁷ There is no single solution to this challenge, but by collaborating to address common barriers and building on existing best practice, we can begin to bridge the gap of home dialysis provision. The next chapter of this report details a number of the key challenges facing patients, carers, dialysis centres and the wider kidney care community, and how we might meet them.



IV. BRIDGING THE GAP: HOW TO IMPROVE PATIENT ACCESS TO HOME THERAPIES

Bridging the Gap Parliamentary Roundtable

On 16 November 2021, Quanta convened a Parliamentary roundtable meeting, bringing together politicians, leading nephrologists, nurses, academics, patient representatives and charities from across the UK kidney community (see appendix). The purpose of the meeting was to discuss the challenges and opportunities surrounding home therapies and to identify specific recommendations to ensure greater access where clinically appropriate.

The following chapter summarises key themes of the discussions, and the wider policy context in which dialysis operates. Reflecting and building on the contributions of the roundtable, it makes five key recommendations to support greater uptake of home therapies.

i. Improving shared decision making

Giving people greater choice in their care can help improve health outcomes and is a key commitment of the NHS Long-Term Plan.³⁸ Shared decision-making between patient and clinician lies at the heart of this and is fundamental to the successful uptake of home therapies. Research from the University of Ulster shows however, that patients are often unclear in the reasoning behind choosing a dialysis therapy option, whilst others felt unable to make a confident choice themselves.³⁹ In some cases, this is linked to fear or misunderstanding of home dialysis, which leaves people undecided. Others are not adjusted psychologically and emotionally to the need for dialysis at the time they are asked to make a decision. This was not always recognised by professionals and consequently sufficient support was not always available, affecting people's ability and confidence to choose home dialysis.⁴⁰

During the roundtable, CEO of Kidney Research UK, Sandra Currie noted that research demonstrates the risk of a variety of mental health issues across the whole dialysis community, but also that research into long-term conditions demonstrates there is improvement if people have choice and are more active in their care. Dr Natalie Borman also noted that research shows patient activation is particularly important in dialysis, where if patients have some involvement in their care, it can improve physical and mental health outcomes in the long-term.

Quanta's recent survey found that patients were often overwhelmed at the start of their treatment and therefore unable to process information fully or feel able to make decisions about their future. It is crucial

therefore that dialysis decisions should not take place only when a patient first starts, but should be reviewed and revisited throughout their treatment journey, including a pathway created for those who have an unexpected late diagnosis.

RECOMMENDATION 1: Dialysis centres should proactively and universally offer educational and psychological support to people undergoing dialysis, at all stages in their journey. The goal should be to gradually build their knowledge, skills and confidence and ensure they are dialysing in the right way for them at the time.

ii. Improving patient understanding

Insufficient patient knowledge and education about the benefits of home therapies are key barriers to greater uptake. Inconsistent knowledge sharing about dialysis options currently limits people's ability to engage in meaningful conversations.^{41,42} Most dialysis centres provide literature that outlines dialysis options. However not all choices are always presented in one document, not all options are given equal unbiased weight and there is inconsistency in the facts provided. To make an informed decision about care, patients and their families must be given information via a range of accessible sources about all treatments available to them. This must be provided continually, rather than pushing for immediate treatment decisions to be made with limited information at a stressful and worrying time for newly diagnosed patients.

During the roundtable, panelists stressed the need for greater awareness of the benefits that home therapies can bring. Yasmin Qureshi MP highlighted the importance of the Government giving more information to hospitals and training staff to inform patients about the benefits of home dialysis. She added this required an extensive "public education programme to make patients aware of the options they have available to them". Dr. Mark Lambie agreed, adding that patient understanding could be enhanced by greater empirical evidence in support of the use of home therapies. He reflected on existing studies which illustrate that those who are offered home therapies benefit significantly from their use.

Members of the roundtable acknowledged that improving patient understanding will require healthcare staff and management be provided with the tools needed to help them understand and communicate the role that home therapies could play in a patient's journey. Dr. Natalie Borman sought to further

demonstrate this by highlighting the long-term savings garnered from home care, which can also lead to “reduced hospitalisation rates and longer lives”. Dr. Saeed Ahmed highlighted that the Government and the NHS had an important role to play in “making sure that patients get the choices they deserve”. He stressed this should mirror the Government’s levelling up agenda, ensuring that kidney health inequalities across the UK are addressed.

CEO of Kidney Care UK, Paul Bristow agreed and noted that to deliver the positive message for patients it was important that members of charities, industry and politicians worked in tandem to change the culture within the NHS and help different elements of the system to understand the numerous benefits gained from home therapies.

Quanta Patient Advocate, Maddy Warren reflected on the risk of having insufficiently trained hospital staff. She highlighted an example where a member of staff inaccurately told a patient that they required a large house in order to benefit from home therapies. Unfortunately, that patient wrongly assumed they could never dialyse at home despite it being their preferred choice. Ms. Warren remarked that it was critical to “debunk these myths” by providing clear, factual home dialysis education to all dialysis centre staff, not just the home therapies teams.

RECOMMENDATION 2: All dialysis centre staff should receive updated training to build their home dialysis knowledge to enable positive discussions with patients, and conversations should focus on finding solutions not highlighting the barriers.

iii. Housing suitability and financial support

Access to suitable housing can be a significant barrier to wider uptake of home therapies. Home dialysis requires patients to have adequate space for supplies and equipment and a suitable water supply. NHS Trusts have responsibility for the capital costs of home adaptation, and for on-going assistance with electricity and water bills. These costs should never be held up as a barrier to home dialysis, given the clear financial savings that home therapies can deliver to the NHS overall.⁴³

Misinformation and myths about housing and installation requirements for home dialysis are still present in the UK kidney community, especially with the influence of patient groups on social media. Whilst very helpful for peer support, inaccurate information from these influential groups can also amplify confusing messages. Although there are several support schemes in place that are available to people on home dialysis, such as Watersure,⁴⁴ research shows that patients are often unaware of the options available or how to access them. Policies around reimbursement of utility bills

vary significantly between dialysis centres, creating a postcode lottery for patients who prefer home therapies but who may receive little or no help towards the increase in their utility bills.

At the roundtable, Fiona Loud, Policy Director of Kidney Care UK, stated that factors such as access to suitable housing and the high cost of utilities acted as major stumbling blocks in accessing home therapies. She highlighted that for peritoneal dialysis, patients need to be able to store large quantities of dialysis fluid and other kit, while for home haemodialysis, sufficient space for the equipment, consumables and easy access to a water supply is necessary. These requirements are in fact relatively simple and home dialysis installations have been successful in many sizes of home, but patients need support and information to make informed decisions related to their own home.

RECOMMENDATION 3: Information for patients about transitioning to home therapies should be standardised and include details of the practical and financial support available. This should include a consistent approach to power and water bill contributions from the NHS to ensure nationwide equity. The Government should ensure that educational resources are also provided to local authorities, enabling them to respond appropriately to the needs of people in their area who want to choose home therapies.

iv. Psychological support

A life-changing diagnosis of kidney failure and commencement of dialysis or undergoing a transplant can have a huge impact on people’s mental health. This situation is exacerbated by widespread variability in access to psychological support in dialysis centres across the country.⁴⁵ Many psychosocial factors can influence whether people feel able to choose home dialysis. Without appropriate support, these factors can lead to people declining home therapies or discontinuing and moving back to in-centre treatment. Patients who rely on family or caregivers to support them through their dialysis journey often worry about creating a stressful home environment for their loved ones. Furthermore, the demands associated with providing care may lead to psychosocial distress in the caregivers themselves.

During the roundtable Ms. Loud acknowledged that isolation was one of the biggest barriers to greater demand and take up of home therapies. The feelings of isolation and difficulty in accessing assistance can lead to lack of confidence and poor decision making, including abandoning a useful and effective treatment modality and increasing the risk of complications.⁴⁶ The pandemic is likely to have worsened this situation. Research since March 2020 shows that four in ten kidney

patients feel their mental health has been affected and that they felt anxious, lonely, or isolated; 17% of people have highlighted the need for emotional or mental health support.⁴⁷

Amidst this backdrop, one must also consider the value some patients gain from the community they can access in centre. Quanta's own survey demonstrated that some patients dialysing in-centre valued the social element of their care. Conversely however, the survey also heard positive feedback from home dialysis patients, with one person quoting "I was closer to home, and I could be around my family, especially my children. My children were able to understand the dialysis process better and I was at peace managing my own treatment".⁴⁸

Psychosocial factors restricting patients from considering home dialysis need to be addressed quickly and consistently to put patients at ease. Dr Lambie noted during the roundtable that since the UK has made significant strides in kidney transplantation the number of dialysis patients who are older, frailer and with multiple co-morbidities is increasing. As people within this demographic often tend to be the most digitally excluded, consideration must be given to ensuring that they are able to access and use technology that could reduce isolation.

Finally, Dr. Borman noted that a key reason for the success of the home dialysis programme in her unit was the dedicated space and team of experts who could support patients through their journey from training and support to respite and integration into the community. This continuity of care is crucial in building trust, ensuring meaningful relationships can be sustained and isolation reduced. Furthermore, as we have all learned during the pandemic, digital tools can be used to retain connections and provide support and a sense of community.

RECOMMENDATION 4: At all stages of the dialysis decision making process, suitable peer support or home dialysis patient mentors should be offered. Additionally, support from a consistent team of professionals is critical to build trust and continuity of care. This could be done virtually or in person, according to the needs of each individual considering or undergoing home dialysis.

v. Where Next? Achieving the 20% home therapies target

The need to address kidney health inequalities adequately is well documented. People from lower socioeconomic groups are more likely to have CKD and patients from BAME backgrounds are over-represented on dialysis programmes.^{49,50} Moreover, geographic location also plays an important role in patients being able to access adequate care. For rural populations, access to hospital-based haemodialysis may not be feasible due to a lack of

local kidney health services. Transport to hospital can also be a challenge, particularly if the patient is dependent on the ambulance service for this.⁵¹

NHS England has identified the urgent need to transform care and improve outcomes for kidney patients, creating the Renal Services Transformation Programme (RSTP).⁵² The RSTP has a dedicated workstream that aims to facilitate greater patient access to home therapies. These include an ambition for newly established regional renal networks to better monitor standards of care and accountability of services. The most transformational element of this programme is the goal to ensure that home therapies are consistently promoted and offered for all suitable dialysis patients, and that the minimum prevalent rate of 20% as recommended by GIRFT is achieved in every dialysis centre.⁵³ As Dr. Richard Fluck mentioned during the roundtable, the RSTP's aspirations include building a new culture "that works and thinks about the problems that patients and the system are facing and addresses how these can be solved in a consistent way".

However, a set of challenges are likely to impact the implementation of the RSTP's targets. Existing policy levers have failed to bring about significant change in clinical and commissioning practices, in part this is due to the lack of mandatory measures in place. In particular, the RSTP's goal of 20% home therapy uptake will require additional resources to be allocated to staff training. The offering of home therapies can also be impacted by clinicians' personal preferences and past experiences. Without engaged champions of home therapies, in-centre treatment is usually the default option offered to patients, meaning that they never get the opportunity or the confidence to switch to home dialysis.

To tackle these issues, it is important for clinicians to be offered the tools needed for them to meet the GIRFT targets in an effective manner. As the panel discussion indicated, it is essential for staff and patients to be given detailed, unbiased education to empower them to make informed decisions about their dialysis. Similarly, hospital staff need to be supported in setting up home treatments for patients in a safe and effective manner. Members of the panel also concluded that home treatments can be seen as more resource intensive at the start, but a stable patient on home dialysis will care for themselves rather than requiring hospital input three times a week, with longer term gains for their own quality of life and health outcomes as well as reducing cost and demand for the NHS.

RECOMMENDATION 5: A review of dialysis reimbursement should take place to ensure training and educational needs can be met, and also to incentivise higher frequency dialysis at home, such as alternate day treatments, to support all dialysis centres to meet the 20% target.

V. CONCLUSIONS

In the last two decades, ensuring greater patient choice and empowerment in decision-making has become central to UK healthcare delivery. Yet, as this report and many which have preceded it have demonstrated, for thousands of renal patients across the country this is sadly not the case.^{54,55} The UK benefits from one of the greatest health services in the world, with some of the lowest global mortality rates for renal care.⁵⁶ But we can do better for people on dialysis.

Quanta's 'Bridging the Gap' report provides five recommendations, which offer a valuable contribution to bridging the gap to 20% uptake of home dialysis in each dialysis centre across the country. Achieving this target will not be easy, nor achieved in an instant. But by working together as a community with a clear goal, from the NHS to patients, industry to policy makers, we can help patients to access the care that is right for them and live more freely:

- 1. Dialysis centres should proactively and universally offer educational and psychological support to people undergoing dialysis, at all stages in their journey. The goal should be to gradually build their knowledge, skills and confidence and ensure they are dialysing in the right way for them at the time.**
- 2. All dialysis centre staff should receive updated training to build their home dialysis knowledge to enable positive discussions with patients, and conversations should focus on finding solutions not highlighting the barriers.**
- 3. Information for patients about transitioning to home therapies should be standardised and include details of the practical and financial support available. This should include a consistent approach to power and water bill contributions from the NHS to ensure nationwide equity. The Government should ensure that educational resources are also provided to local authorities, enabling them to respond appropriately to the needs of people in their area who want to choose home therapies.**
- 4. At all stages of the dialysis decision making process, suitable peer support or home dialysis patient mentors should be offered. Additionally, support from a consistent team of professionals is critical to build trust and continuity of care. This could be done virtually or in person, according to the needs of each individual considering or undergoing home dialysis.**
- 5. A review of dialysis reimbursement should take place to ensure training and educational needs can be met, and also to incentivise higher frequency dialysis at home, such as alternate day treatments, to support all dialysis centres to meet the 20% target.**



VI. ABOUT QUANTA DIALYSIS TECHNOLOGIES

QUANTA Dialysis Technologies is committed to making dialysis accessible to every patient in every setting with its SC+ haemodialysis system. As a portable device with performance comparable to larger, traditional machines, SC+ is a modular and powerful solution

that provides the clinical versatility needed to deliver dialysis care across multiple settings. With a simple-to-use and intuitive user interface, SC+ is designed to be operated by a broad range of users to bring dialysis directly to patients.



VII. APPENDIX AND REFERENCES

The Bridging the Gap roundtable was attended by the following list of speakers and participants:

- Chair: Dr. Albert Power, Consultant Nephrologist, North Bristol NHS Trust; RSTP National Lead for Dialysis
- John Milad, CEO and Founder, Quanta Dialysis Technologies
- Sandra Currie, Chief Executive, Kidney Research UK
- Maddy Warren, Strategic Dialysis Consultant and Patient Advocate
- Dr. Mark Lambie, Senior Lecturer in Renal Medicine, Keele University; Consultant Nephrologist, University Hospital of North Midlands
- Dr. Saeed Ahmed, Consultant Nephrologist, City Hospital Sunderland Foundation Trust
- Dr. Natalie Borman, Consultant Nephrologist, Portsmouth Hospitals University Trust
- Fiona Loud, Policy Director, Kidney Care UK
- Laurence Robertson MP, MP for Tewkesbury (Conservative)
- Anum Qaisar-Javed MP, MP for Airdrie and Shotts (SNP), Member of the Health and Social Care Committee
- Paul Bristow MP, MP for Peterborough (Conservative), Member of the Health and Social Care Committee
- Yasmin Qureshi MP, MP for Bolton South East (Labour), Vice Chair of the All Party Parliamentary Kidney Group
- Joshua Grew, Student on Graduate Programme, CARE
- Lord Rennard MBE, Officer in Health APPG
- Dr Richard Fluck, Consultant Renal Physician, Royal Derby Hospital and Clinical Director, Internal Medicine NPOC Specialised Commissioning, NHSE/
- Robert Ede, Head of Health and Social Care, Policy Exchange
- Professor Nicola Thomas, Professor of Kidney Care, London South Bank University
- Paul Bristow, CEO, Kidney Care UK
- Alison Railton, Head of Policy and External Affairs at Kidney Research UK
- Professor Paul Cockwell, UK Kidney Association, President
- Tina O'Brien, Public Relations and Policy Management Consultant, QUANTA Dialysis Technologies

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