Update on Dialysis Away from Base (DAFB)
(January 2012)

What is Dialysis Away from Base (DAFB)?

Hospital-based haemodialysis normally involves attendance for three sessions of dialysis per week at a designated centre. These sessions are carefully planned and booked in by the provider units as they try to optimize their capacity and efficiency in order to control costs.

For patients this means they will always attend the same unit, which has many advantages. However, patients sometimes need, or wish, to travel away from home (e.g. to visit family, attend family occasions or for holidays). In order to do so, they will need to have one or more sessions of dialysis at a different unit. The Kidney Alliance supports the right of patients requiring long-term haemodialysis to have dialysis away from their main clinical provider.

At present commissioning structures and capacity within the United Kingdom prevent the majority of NHS haemodialysis patients from taking a holiday and severely restrict visits to family living at some distance from the patient. This is in contrast to patients on peritoneal dialysis (PD)[1], where both capacity and funding are not an issue.

Since many units run at or very close to 100% capacity, finding the required sessions is difficult. For units in holiday areas, this can be a major challenge because it may require them to set aside an amount of capacity in order to meet this demand. Moreover, the capacity is variable and unpredictable and is likely to be seasonal.

A session of haemodialysis away from base bears a higher cost than a session at the patient's normal unit. There are various reasons for this including:

- The unpredictable nature of the demand means that in making available some DAFB sessions, a unit is likely to find that not all of the capacity is taken up (it is dependant on patient demand). The cost of the sessions must take into account the cost of the idle time, which puts up the average cost. This is not just physical space in the unit but also the employment of skilled nursing staff.
- When patient is able to take up a DAFB session, their session at their normal unit is not likely to be filled, for which there is an associated cost.

The introduction of the National Tariff as part of Payment by Results is having unintended consequences for DAFB. NHS organisations will not be able to afford to maintain holiday capacity within Trusts, based on the fixed overheads related to that capacity. This may also apply to larger private providers, who also treat NHS patients. Smaller, dedicated holiday centres, which principally provide allocated capacity for DAFB, will potentially become unsustainable.

Increased local flexibility in Tariff

Following discussions with the Minister of State for Health Rt Hon. Simon Burns MP at a meeting in June 2011, the minister agreed that there were additional costs associated with DAFB. Despite this, the basic Tariff will not change, but greater flexibility is being given to commissioners to pay more to providers who have significantly high proportions of DAFB, subject to negotiation at local level.

[1] Peritoneal dialysis is a self-care technique that uses the patient's own body tissues inside of the abdominal cavity to act as a filter.

The greater flexibility is a helpful step in the right direction, but in the current environment in which local budgets are under significant pressure, local commissioners will find it difficult to justify such higher payments alongside other priorities.

DAFB Survey

In October 2011, the Kidney Alliance carried out a survey of Clinical Directors in renal units and of Renal Managers, asking about their current a likely future provision of DAFB. The survey indicated that in the previous year 75% of NHS centres declined NHS DAFB patients on the basis of capacity. The centres were asked what changes they would make to provision if they were paid the basic NHS tariff price for DAFB. The vast majority were already providing very little capacity and so it is not surprising that many said they would make no changes, but around 20% said they would reduce provision or stop accepting visiting patients.

Maximum 2012-13 Tariff price for DAFB

Further discussions with Officials at the Department of Health involved in the development of national tariffs under Payment by Results has resulted in a further improvement within the existing Tariff for the 2012-13 period. The Tariff consists of a narrow price band, which varies according to a number of clinical factors. In the case of DAFB sessions, commissioners will be instructed always to pay the maximum Tariff price irrespective of other factors.

This will increase the average price paid for DAFB sessions, although the increase is not likely to be sufficient to make them worthwhile in the medium/long term. The benefit, however, is that it may help units to preserve their current level of provision in the coming financial year.

Department of Health work stream to develop long-term solution

A Department of Health work stream has been established to explore more long-term measures to address this issue. The aim will be to achieve this in a cost-neutral way if possible and a number of options are at a preliminary stage of screening.

We hope that this work stream will provide acceptable and workable proposals for the 2013-14 financial year and enable expanded provision of DAFB.

Expanded DAFB provision needed

Future expansion is a necessary consideration because current provision is insufficient to meet demand – even if the present interim measures are successful in preserving the current number of sessions. The Kidney Alliance Survey in 2011 indicated that in the dialysis population in England only 12.5% took at least one holiday. This compares with a separate 2011 survey carried out for the tourism industry, which indicated that 64% were planning or considering taking a holiday.

Active Parliamentary support is essential

The Kidney Alliance is optimistic that effective proposals will be available for consideration in time for the 2013-14 PbR Tariff. However, in order to ensure that attention remains focused on the resolution of this issue, we are seeking widespread cross party support throughout 2012 for this work to continue and for recommendations to be taken up.