



Kidney Alliance Position Paper on Dialysis Away from Base (DAFB)

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), where both capacity and funding are not an issue.

The Kidney Alliance supports the right of patients requiring long-term haemodialysis to have dialysis away from their main clinical provider, in order to take holiday or for other needs. This is supported and encouraged by the Renal National Service Framework which states “For a variety of reasons - work, education, holidays, family visits - it is important that patients can dialyse away from home.”

- The Kidney Alliance welcomes the clear statement in the Renal NSF that commissioners have a duty to fund and provide DAFB.
- The Kidney Alliance also supports the proposal to set the rate for a single dialysis session across the NHS in England.
- However, we have concerns regarding the application of the NHS tariff for haemodialysis to all DAFB sessions in England.
 - First, the general tariff structure sets a price that is potentially too low for the actual costs of DAFB. The current tariff is based on reference costs for haemodialysis activity in Trusts within England. Those reference costs do not include costings relevant to holiday dialysis provision.
 - Second, for NHS trusts or private providers providing DAFB, the tariff does not allow for the increased cost related to maintaining spare capacity that will not be occupied at the same intensity as standard capacity.
 - Third, for NHS trusts that have patients undertaking DAFB there are fixed costs that continue to apply regardless of whether or not patients take up the full allocated capacity. These are principally related to staffing and estate costs.
- The introduction of the NHS tariff to include DAFB is likely to reduce the capability and capacity of NHS England to provide DAFB. This is as a result of two unintended consequences of the present arrangement. 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 treat



NHS patients too. Smaller, dedicated holiday centres, which principally provide allocated capacity for DAFB, will potentially become financially unsustainable.

The Kidney Alliance is also concerned about the wider application of support for DAFB outside the United Kingdom. Currently, patients are only supported to have holidays within the UK, in Europe through the EHIC system, and in Australia under reciprocal arrangements. Patients requiring dialysis in other locations are dependent on their own funding or upon charitable donations. Again, this is in contrast to patients on PD who can travel to most destinations with minimal cost implications.

The Kidney Alliance calls for a review of DAFB for haemodialysis patients. The review should:

- Lead to a fair and equitable funding structure
- Provide a consistent, rapid and transparent process to determine eligibility for support, including criteria for support to destinations outside the UK
- Consider particular measures such as a tariff uplift or special allowance to support dialysis services especially in holiday destinations.
- Facilitate innovative solutions to reduce the cost whilst improving capacity

The Kidney Alliance believes DAFB should not be seen as an income generation scheme by NHS trusts treating NHS patients and would support sensible controls to discourage this.

The Kidney Alliance and its constituent member organisations are keen to support and be involved in such a review. As an alliance of patient, professional and research organisations we can provide crucial expertise to this important area.