

More home dialysis and equitable access to kidney transplants recommended in GIRFT renal report

Ensuring more kidney patients have the opportunity for dialysis at home, and creating greater and equitable access to kidney transplantation, are among the key measures outlined in the national report for renal medicine from the Getting It Right First Time (GIRFT) programme.

The report, written by leading consultant nephrologists Dr Graham Lipkin and Dr William McKane, makes 18 important recommendations to improve NHS services for hundreds of thousands of patients in the more advanced stages of kidney disease – those with severe chronic kidney disease (CKD) or those receiving dialysis or a kidney transplant for complete kidney failure (renal replacement therapy, RRT). The report also defines recommendations for improving the management of the common but severe condition, acute kidney injury (AKI).

The report is based on insight from extensive benchmarked data as well as visits to all 52 adult renal centres in England, including the 19 transplant centres, and is supported by professional societies and kidney patient charities*.

One key recommendation focuses on **expanding access to home dialysis**. The report recommends the promotion of home dialysis therapy to ensure it is offered to all suitable patients, reaching a minimum target rate of 20% of dialysis patients in every renal centre. In England 58,000 patients receive renal replacement therapy (RRT), and increasing the number receiving home therapies (as opposed to centre-based care) will improve their quality of life and independence, as well as offering good value for the NHS.

Hospital dialysis patients have been among those most severely affected by COVID-19, with around one in 25 dying since the start of the pandemic. Patients on a home therapy are much less likely to get transmissible infections. The GIRFT report outlines seven actions to increase home therapy rates, including enhanced patient training facilities and staffing, and improved peritoneal catheter insertion services, to help achieve the minimum 20% target.

Building on lessons learned from the COVID-19 pandemic, the report also targets several other key areas for improvement, including:

Equity and improved access to kidney transplantation: Patients who are able to receive a kidney transplant have a longer and better quality of life than those remaining on dialysis, and there are also economic benefits for the NHS. While transplant numbers have increased in the past decade (to 3,597 in 2018/19), there is significant geographical variation in transplant rates from living donors (LD) between patients cared for in referring centres compared with those cared for at units which also provide transplantation. There is also variation in access to transplants based on ethnicity, with patients from black and Asian communities less likely to receive a donated kidney.

GIRFT recommends a range of measures to create better access to transplantation, including improved tracking of patients with chronic kidney disease in advanced kidney care clinics to monitor transplant candidates and potential donors; establishing a dedicated nurse specialist transplant workforce in all renal kidney centres; and additional support for patients of all ethnicities to ensure equal access to living donor transplants.

Improved management of patients with acute kidney injury: Up to 20% of patients admitted to hospital as an emergency in England are affected by acute kidney injury (AKI) – a sudden loss of kidney function. Of these, 18% in hospital or community care die within 30 days. AKI has also been a common feature in patients admitted to critical care, in particular those with COVID-19.

Some patients who develop advanced AKI need urgent transfer to a hospital with a renal centre, but the GIRFT review found significant delays leading to poorer patient outcomes. The GIRFT report calls for mandatory patient transfer to a renal centre within 24 hours of the decision being made by the receiving consultant nephrologist.

The quality of care for AKI patients and the length of time they stay in hospital can also be improved if all acute trusts follow NICE patient safety measures for the prevention, detection and management of AKI. GIRFT has worked with the UK Kidney Association and UK Renal Registry to develop benchmarked AKI outcomes for acute hospitals in England to support ongoing improvement.

Improved kidney outpatient delivery: Reforming outpatient clinics to improve patients' access, including to specialist services such as vasculitis clinics and renal obstetric clinics, and to reduce face-to-face consultations where suitable.

Delivering target rates for vascular access: A radical review of haemodialysis vascular access provision is recommended to help deliver first class care for patients. The success and quality of haemodialysis (HD) care depends on creating safe, effective and long-lasting vascular access for the patient (the means of enabling blood to leave and return to the body), but current provision is below targets set by the clinical community and is not improving. The GIRFT report outlines a series of ten actions to help define and deliver target vascular access rates.

The GIRFT report is already helping to drive improvements in care. Its recommendations have informed and are closely aligned with the ten high-impact changes outlined by NHS England and NHS Improvement's emerging Renal Service Transformation Programme (RSTP). This collaboration offers an unparalleled opportunity to work jointly on delivering improving patient care nationally, addressing variation and inequality, and redesigning services in renal medicine.

Overall, measures in the report have the potential to result in major clinical benefits and cost efficiencies of between £28.8m and £52.3m a year, although not all will be cash-releasing.

* Recommendations in the GIRFT report are supported and endorsed by six professional societies and patient groups - the British Transplantation Society, Kidney Care UK, the National Kidney Federation, the Royal College of Physicians, and the former Renal Association and British Renal Society (now the UK Kidney Association).

Report recommendations

1. Establish NHS-funded, regional renal networks to ensure quality and efficiency of care, monitor service effectiveness, embed sustainable kidney care and accountability for service delivery.
2. Ensure that patients predicted to reach ESKD within 18 months are fully assessed in advanced kidney care services and are offered all possible care options.
3. Ensure that access to a comprehensive renal conservative management pathway is available to all patients.
4. Streamline renal transplant pathways to increase access and reduce unwarranted variation in deceased and living donor (DD and LD) transplantation.
5. Reduce variation in incident and prevalent definitive HD vascular access rates and deliver RA clinical practice guideline minimum thresholds. * (* 60% incident and 80% prevalent patients with AVF/G.)
6. Ensure home therapy is promoted and offered for all suitable dialysis patients and that a minimum prevalent rate of 20% is achieved in every renal centre.
7. Ensure that all acute trusts implement patient safety measures (as set out in NICE NG148) to deliver highly effective prevention, detection and management of AKI.
8. Mandate clinically-approved AKI patient transfer to a renal centre within 24 hours of the decision by the receiving consultant nephrologist.
9. Ensure that outpatient services are reformed in line with the NHS LTP to improve equity of access, patient experience and timeliness.
10. Ensure that patient experience and SDM are central to the planning and delivery of renal services.
11. Reconfigure the multi-professional renal workforce to reflect service requirements and provide optimal care, as defined throughout this GIRFT report, delivering the best outcomes and best patient experience.
12. Reduce variation and co-ordinate improved provision of protocolled, holistic care for patients with diabetes and ESKD.
13. Ensure that all renal centres adopt a systematic QI approach to infection prevention and control (IPC), with HD bacteraemia and PD peritonitis given equal priority.
14. Ensure that data on hospitalisation of RRT patients are available and adopted as a routine element of the quality assurance process in renal care.
15. Ensure renal centres and ICSs deliver effective medicines optimisation in order to improve the safe care of patients with kidney disease and increase healthcare value.
16. Ensure that renal centres, commissioners and patients have timely access to contemporaneous, clinically relevant outcome data, in order to support quality assurance and quality improvement.

17. Ensure that procurement of HD facilities and home therapies delivered in partnership with the independent sector offers consistent quality and cost-effectiveness across the NHS in England.
18. Reduce litigation costs through application of the GIRFT programme's five-point plan (actions a-e) in addition to actions f and g which are specific to renal medicine.