



## Home Dialysis Patients Face Postcode Lottery of Care, New Report Finds

**ALCESTER, England, 28 March 2022:** QUANTA Dialysis Technologies Ltd (“QUANTA” or the “Company”), a medical technology company committed to making kidney care more accessible with its SC+ haemodialysis system, has released a new report that suggests people with kidney failure who wish to do home dialysis face unequal access across the UK. The [Bridging the Gap](#) report finds that failure to offer such treatment is increasing NHS costs and reducing quality of care for patients.

A significant proportion of the 30,000 UK people currently living with kidney failure are not offered the choice of dialysing at home even if they are clinically suitable. This means they must unnecessarily travel in-centre (to a hospital or clinic) for treatment, which can lead to poorer clinical outcomes. In some areas more than one in three patients (37%) are offered home dialysis - but in others this is just one in 25 (4%).<sup>1</sup>

Kidney patient advocate, home dialysis user, and report co-author **Maddy Warren** said “Patients face a de-facto postcode lottery in accessing home dialysis, with still too many not properly informed that they have the choice of such treatments even when they are clinically suitable.”

“Whilst home dialysis patients can dialyse more frequently and with greater flexibility, patients who dialyse in-centre do so only three times a week for four hours per session. To offset the longer gap between treatment sessions, in-centre dialysis patients adhere to strict fluid and diet restrictions to minimise the build-up of dangerous toxins and excess water. They must also travel to and from the centre, which can affect people’s ability to work, continue their education or enjoy a good quality of life,” she adds.

The [Bridging the Gap](#) report points to research showing that the NHS spends in excess of £50 million a year on transport getting kidney patients to and from their dialysis centre three times every week. More than 3.3 million such journeys are carried out each year.<sup>2</sup> On the contrary, studies have found that moving a patient to home haemodialysis can provide equal or better care for between £4,000 and £6,000 less per patient a year - and bring improved physical and psychological wellbeing.<sup>3</sup> However, only 33 out of 52 renal treatment centres in England are meeting the NHS’s target of getting 20% of patients to dialyse at home<sup>4</sup>.

The [Bridging the Gap](#) report makes five landmark recommendations on how the NHS can support more people who are clinically suitable to do home dialysis, offering improved clinical outcomes, quality of life and reducing costs. These include:

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<sup>1</sup> Renal Medicine GIRFT Programme National Specialty Report. March 2021. Available at <https://ukkidney.org/sites/renal.org/files/Renal%20Medicine%20Sept21k.pdf> [Accessed on 8<sup>th</sup> February 2022]

<sup>2</sup> Chronic Kidney Disease in England: The Human and Financial Cost. NHS England. December 2022. Available at <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2017/11/Chronic-Kidney-Disease-in-England-The-Human-and-Financial-Cost.pdf> [Accessed on 16<sup>th</sup> February 2022]

<sup>3</sup> Cost of the QUANTA SC+ hemodialysis system for self-care in the United Kingdom. QUANTA. January 2022. Available at <https://onlinelibrary.wiley.com/doi/full/10.1111/hdi.12994> [Accessed on 16<sup>th</sup> February 2022]

<sup>4</sup> Renal Medicine GIRFT Programme National Specialty Report. March 2021. Available at <https://ukkidney.org/sites/renal.org/files/Renal%20Medicine%20Sept21k.pdf> [Accessed on 8<sup>th</sup> February 2022]

- Information provided to patients considering, or who are suitable, for home dialysis should be standardised and include details on practical and financial support available.
- 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 dialyse at home.
- Suitable peer support or home dialysis patient mentors should be offered at all stages of the decision-making process.
- All dialysis centre staff should receive support and up-to-date training to build their home dialysis knowledge to have positive discussions with patients.
- A review of the dialysis reimbursement tariff should take place to ensure it incentivises home dialysis carried out at higher frequency.

Commenting on the report findings, **Yasmin Qureshi MP**, who sits on the All-Party Parliamentary Kidney Group, said: “It is unthinkable that patients up and down the country are still facing such drastically different levels of care depending on where they live. This is about more than cost saving in the NHS - it is about giving everyone regardless of ethnicity, gender or postcode the equal right to choose their treatment. The Government must urgently act upon the recommendations in this report.”

**John Milad, CEO of QUANTA Dialysis Technologies**, said: “It is frustrating and sad to see that many kidney patients still do not have the opportunity to make an informed, evidence-based choice about how and where they dialyse. The NHS aspires to help thousands more people onto home dialysis and we hope that through implementing the recommendations outlined in this report, and with ongoing collaboration between policy makers, healthcare professionals, patients and industry, we can enable far more people to access the benefits and freedoms that home dialysis can offer.”

The full report can be downloaded [here](#).

**ENDS**

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## About QUANTA and SC+

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.

SC+ is commercially available in the United Kingdom for home and hospital use and in the United States is FDA-cleared (K210661) for use in chronic and acute care settings. It is not cleared for home or nocturnal use in the United States.

For more information, please visit: [www.quantadt.com](http://www.quantadt.com)