

# Building dialysis back better: how can the government ensure we get it right for dialysis patients?

■ dialysis ■ COVID-19 ■ chronic kidney disease ■ patient treatment pathway

**N**o one could have predicted the global impact of COVID-19, nor the challenges that it would place on the NHS and the UK's 30 000 dialysis patients (Kidney Care UK, 2021). Devastatingly, the latest Renal Association data has revealed that, since 1 March 2020, 11 261 cases of COVID-19 and 2723 deaths attributed to COVID-19 have been recorded among adults under the care of kidney centres in England (The Renal Association, 2021).

These statistics are hard to read, and reinforce how crucial it is to bring about changes to ensure that the lessons learnt from the pandemic support the greatest possible improvements in health and wellbeing for every dialysis patient in the UK. Adjustments to the delivery of renal care can also reduce the burden on the NHS workforce, whose dedication and selflessness is supporting the nation through this difficult period.

COVID-19 has demonstrated how important it is that the patient pathway is reformed to allow more patients to move towards home haemodialysis where clinically appropriate. Doing so would improve the renal care system for the better, reduce the workforce and financial burdens on the NHS, and empower patients to live with greater freedom. Emerging evidence suggests that contracting COVID-19 can have long-term impacts on the function of the kidneys (Mahase, 2020). In a future where more patients may need dialysis, getting the care pathway right must become a key priority as we seek to build the NHS back better.

## Why is the risk so great?

Chronic kidney disease is more common in older people, and is more prevalent in vulnerable populations—it is also associated with comorbidities such as cardiovascular disease and diabetes, which

are significant COVID-19 risk factors (Public Health England, 2014; CEUFastNursingCE, 2021). Dialysis patients are immunocompromised, which means that not only are they at greater risk of contracting coronavirus, but their bodies are less able to fight it (Gov.UK, 2021).

In light of these risk factors, the Government has advised dialysis patients in the UK to shield to protect themselves. Paradoxically, the status quo in the Government's approach to dialysis care means that the majority of shielding dialysis patients have to travel to in-centre dialysis thrice weekly, just to stay alive. The care they receive is close contact—making social distancing much more difficult.

## What should the patient treatment pathway look like?

Given the considerable risk that in-centre dialysis patients continue to face, it is our view at Quanta that they should have greater choice and support in switching to home haemodialysis, empowered by a patient-centred, flexible pathway that prioritises self-care in dialysis. Rather than being delivered by highly specialised NHS staff, dialysis can be administered by many patients themselves at home when supported with the right technology and training. Seizing the opportunities these technologies present must now become a key focus for the NHS in the coming months.

## What would this achieve?

Patient survival can be improved, with evidence from the US showing that home haemodialysis patients have up to 13% lower risk of death compared with in-centre dialysis patients, as they have the flexibility to conduct more frequent or longer sessions based on their own schedule (Weinhandl, 2012). Dialysing at home also ensures better continuity of care, which, according to two thirds of kidney patients surveyed by Kidney Care UK, has been disrupted by the pandemic (Kidney Care UK, 2021).

Home haemodialysis would also enable dialysis patients to shield safely and dramatically reduce the risk of exposure to COVID-19 currently caused by the need to travel to clinics, wait for appointments and dialyse in-centre (National Kidney Federation,

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2021). Vulnerable in-centre dialysis patients should therefore be a priority group for the NHS Long Term Plan's ambition of increasing out-of-hospital care and giving patients greater choice and control in their own treatment.

Growing evidence is also emerging about the disproportionate impact the pandemic has had on in-centre dialysis patients' mental and physical health (National Kidney Federation, 2021). A total of 20% of patients reported that their mental health had been affected by COVID-19, and poor mental health was particularly prevalent among young people (National Kidney Federation, 2021). Transitioning to home haemodialysis can not only reduce the anxiety of patients during this pandemic, it can also empower patients by enabling them to deliver their own care, at their own pace and in a way that suits them. According to one home haemodialysis patient, long-term home haemodialysis has enabled them to 'turn their life around' and realise that they 'still had freedom and a life worth living'—which every renal patient in the UK deserves (Quanta, 2021).

Home haemodialysis can also support an NHS under immense financial strain and facing the largest workforce challenge in living history. Patients being able to dialyse independently without a nurse and not requiring transportation can free up capacity and resources for other areas of patient care.

Furthermore, since home haemodialysis costs up to £15 000 less per patient compared with in-centre dialysis, crucial funds can be reinvested into the NHS. This shift towards self-care would play a key role in meeting the ambitions of the NHS People Plan by prioritising innovation and delivering care in new ways to create capacity within the NHS.

### Looking forward

While no one could have anticipated the seismic shock that the world is currently experiencing, it must be used as an opportunity to review and renew NHS priorities, particularly for vulnerable dialysis patients who have been disproportionately impacted by the pandemic. It is encouraging to see that the

NHS is so committed to embracing learning wherever it can be found. We hope that the pandemic can be a catalyst for positive, long-term change for in-centre dialysis patients. At Quanta, we are committed to being part of that change and are passionate about the range of benefits that the transition to home haemodialysis can bring to patients, their families and the NHS. **JKC**

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