

# Renal replacement therapy services for adults

Quality standard

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This standard is based on NG107.

This standard should be read in conjunction with QS5, QS15, QS61 and QS76.

## Introduction

This quality standard covers renal replacement therapy services for kidney failure in adults. For more information see the [renal replacement topic overview](#).

### *Why this quality standard is needed*

Renal replacement therapy is a life-long treatment for people with end-stage kidney disease. For adults who wish to progress with renal replacement therapy, treatment choices include:

- dialysis (either haemodialysis or peritoneal dialysis)
- kidney transplantation (from a living or deceased donor).

Two main types of dialysis are available: haemodialysis and peritoneal dialysis. The main factors that determine the choice of dialysis type are patient preference to suit their lifestyle, individual clinical factors and contraindications, and the local availability of treatment within a service. Kidney transplantation is not suitable for all people receiving dialysis.

The quality standard is expected to contribute to improvements in the following outcomes:

- preventing adults from dying prematurely
- enhancing quality of life for adults with long-term conditions
- ensuring that adults have a positive experience of care
- treating and caring for adults in a safe environment and protecting them from avoidable harm.

### *How this quality standard supports delivery of outcome frameworks*

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined

in the following outcomes framework published by the Department of Health and Social Care:

- [NHS Outcomes Framework 2014/15](#)

Table 1 shows the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1 [NHS Outcomes Framework 2014/15](#)**

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	<p><b>Overarching indicator</b></p> <p>1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare</p> <p>i Adults</p> <p>1b Life expectancy at 75</p> <p>i Males ii Females</p>
2 Enhancing quality of life for people with long-term conditions	<p><b>Overarching indicator</b></p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p><b>Improvement areas</b></p> <p><b>Ensuring people feel supported to manage their condition</b></p> <p>2.1 Proportion of people feeling supported to manage their condition</p> <p><b>Reducing time spent in hospital by people with long-term conditions</b></p> <p>2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)</p>

<p>4 Ensuring that people have a positive experience of care</p>	<p><b>Overarching indicator</b></p> <p>4b Patient experience of hospital care</p> <p><b>Improvement areas</b></p> <p>Improving hospitals' responsiveness to personal needs</p> <p>4.2 Responsiveness to in-patients' personal needs</p> <p>Improving people's experience of accident and emergency services</p> <p>4.3 Patient experience of A&amp;E services</p>
<p>5 Treating and caring for people in a safe environment and protecting them from avoidable harm</p>	<p><b>Overarching indicator</b></p> <p>5a Patient safety incidents reported</p> <p>5b Safety incidents involving severe harm or death</p> <p>5c Hospital deaths attributable to problems in care</p> <p><b>Improvement areas</b></p> <p>Reducing the incidence of avoidable harm</p> <p>5.4 Incidence of medication errors causing serious harm</p>
<p><b>Alignment across the health and social care system</b></p> <p>** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)</p>	

## *Patient experience and safety issues*

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to renal replacement therapy.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE Pathway on [patient experience in adult NHS services](#)), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of

information to patients and service users. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that impact on patient experience and are specific to the topic are considered during quality statement development.

## *Coordinated services*

The quality standard for renal replacement therapy services specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole renal replacement therapy service care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to adults receiving renal replacement therapy services.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality renal replacement therapy service are listed in [related quality standards](#).

## **Training and competencies**

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating adults receiving renal replacement therapy should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development sources on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

## **Role of families and carers**

Quality standards recognise the important role families and carers have in supporting adults receiving renal replacement therapy. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.



## List of quality statements

Statement 1 Adults preparing for or receiving renal replacement therapy, and their family members or carers, undertake individualised education programmes at specialist renal centres.

Statement 2 Adults who will need renal replacement therapy are offered a pre-emptive kidney transplant, if they are medically suitable.

Statement 3 Adults on dialysis are offered a kidney transplant, if they are medically suitable.

Statement 4 This statement has been removed. For more details see [update information](#).

Statement 5 Adults who need long-term dialysis are offered home-based dialysis.

Statement 6 This statement has been removed. For more details see [update information](#).

Statement 7 Adults who have a suspected acute rejection episode have a transplant kidney biopsy carried out and reported on within 24 hours.

Statement 8 Adults receiving haemodialysis have their vascular access monitored and maintained using systematic assessment.

## Quality statement 1: Education programmes

### *Quality statement*

Adults preparing for or receiving renal replacement therapy, and their family members or carers, undertake individualised education programmes at specialist renal centres.

### *Rationale*

Renal education programmes can improve patients' (and their family members' or carers') knowledge and understanding of the condition, and can help people to choose the treatment options that are most suitable for them. The benefits of pre-dialysis education include improved wellbeing and physical functioning, as well as positively contributing to better planning and successfully starting dialysis, improved vascular access, delaying the need for starting dialysis and an increased likelihood of patients choosing self-care.

Evidence also suggests that education is important to ensure that these benefits are maintained and that the person's involvement (including full participation of families and/or carers) in their care and treatment choices is optimised. This includes adults who start dialysis in an unplanned way.

### *Quality measures*

#### **Structure**

Evidence that adults preparing for or receiving renal replacement therapy, and their family members or carers, undertake individualised education programmes at specialist renal centres.

*Data source:* Local data collection.

#### **Process**

a) Proportion of adults preparing for renal replacement therapy who undertake individualised education programmes at specialist renal centres.

Numerator – the number in the denominator who undertake individualised education programmes at specialist renal centres.

Denominator – the number of adults preparing for renal replacement therapy.

**Data source:** Local data collection.

b) Proportion of adults receiving renal replacement therapy who undertake individualised education programmes at specialist renal centres.

Numerator – the number in the denominator who undertake individualised education programmes at specialist renal centres.

Denominator – the number of adults receiving renal replacement therapy.

**Data source:** Local data collection.

c) Proportion of family members or carers of adults preparing for renal replacement therapy who undertake individualised education programmes at specialist renal centres.

Numerator – the number in the denominator who undertake individualised education programmes at specialist renal centres.

Denominator – the number of family members or carers of adults preparing for renal replacement therapy.

**Data source:** Local data collection.

d) Proportion of family members or carers of adults receiving renal replacement therapy who undertake individualised education programmes at specialist renal centres.

Numerator – the number in the denominator who undertake individualised education programmes at specialist renal centres.

Denominator – the number of family members or carers of adults receiving renal replacement therapy.

**Data source:** Local data collection.

## Outcome

Patient satisfaction feedback from adults preparing for or receiving renal replacement therapy (and their family members and carers) about their individualised education programmes on renal

replacement therapy at specialist renal centres.

*Data source:* Local data collection.

### *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** (specialist renal centres) ensure that they provide individualised education programmes for adults who are preparing for or receiving renal replacement therapy, and their family members or carers.

**Healthcare professionals** ensure that they offer individualised education programmes to adults who are preparing for or receiving renal replacement therapy, and their family members or carers.

**Commissioners** (NHS England area teams) ensure that individualised education programmes are in place with clear referral pathways for adults preparing for or receiving renal replacement therapy, and their family members or carers.

### *What the quality statement means for patients, service users and carers*

Adults who are preparing for or receiving renal replacement therapy (including those who start dialysis in an unplanned way), and their family members or carers, are offered an education course to improve their knowledge and understanding of the condition, and to help them choose the most appropriate options for treatment. The course will be adapted to the person's situation and preferences for learning, and will continue after treatment has started.

### *Source guidance*

- [Renal replacement therapy and conservative management](#) (2018) NICE guideline NG107, recommendations 1.8.1, 1.8.3, 1.8.4, 1.8.5, 1.8.7, 1.8.9 and 1.8.10
- The Renal Association (2014) [Clinical practice guideline: planning, initiating and withdrawal of renal replacement therapy](#), recommendations 4.1, 4.2 and 4.3

### *Definitions of terms used in this quality statement*

#### **Education programmes**

Education programmes are aimed at improving patient and (if appropriate) family or carer

knowledge, understanding of the condition and helping to choose from among the treatment options. The education programme should be tailored to the needs of the individual and be designed to support patient choice.

A range of teaching methods can be used within 1 session to allow learning to take place irrespective of the learning style. The information should be specifically designed to support decision-making regarding treatment options. This should be relevant to the person, their disease stage and treatment options available to them, with the method, scale, pace and scope of the delivery being suited to the individual's learning style, capacity and preferences.

A variety of approaches should be available. These include:

- individual conversations
- group work
- written materials
- DVD/CDs and Internet resources
- decision-making aids
- access to expert patients with appropriate training.

The education programme should be offered to adults who are preparing for renal replacement therapy (adults with severe chronic kidney disease [stage 5 and progressive stage 4]), and to adults who present late and start dialysis in an unplanned way, and to their families or carers, if appropriate.

The programme should also provide continuing education for adults receiving dialysis, and their family members or carers (if appropriate), with the aims of reviewing the original choice made by the patient, optimising patient involvement in their own care, improving treatment adherence, and fostering good communication and collaborative relationships with caregivers.

[Adapted from The Renal Association's clinical practice guideline on [planning, initiating and withdrawal of renal replacement therapy](#), recommendations 4.1, 4.2 and 4.3 including rationale]

### *Equality and diversity considerations*

Information should be provided in an accessible format (particularly for people with physical,

sensory or learning disabilities and those who do not speak or read English) and educational materials should be translated where appropriate.

## Quality statement 2: Transplantation – pre-emptive

### *Quality statement*

Adults who will need renal replacement therapy are offered a pre-emptive kidney transplant, if they are medically suitable.

### *Rationale*

Evidence shows that transplant outcomes are better for adults who have not been on dialysis (that is, pre-emptive transplantation) than those who have, and that transplant survival is negatively influenced by the duration of conventional dialysis before transplantation.

It is recommended that adults with progressive deterioration in kidney function for whom transplantation is an option should be placed on the national transplant list within 6 months of their anticipated dialysis start date. Pre-emptive transplantation should be considered as the treatment of choice for all suitable patients when a living donor is ideally available because this provides most people with the best chance of long-term rehabilitation.

### *Quality measures*

#### **Structure**

a) Evidence of local arrangements to ensure that adults who will need renal replacement therapy have their suitability for kidney transplantation assessed at the earliest opportunity.

*Data source:* Local data collection.

b) Evidence of local arrangements to ensure that adults who will need renal replacement therapy receive a pre-emptive kidney transplant, if they are medically suitable.

*Data source:* Local data collection.

#### **Process**

(a) Proportion of adults who will need renal replacement therapy who are assessed for transplant suitability.

Numerator – the number in the denominator who are assessed for transplant suitability.

Denominator – the number of adults who will need renal replacement therapy.

**Data source:** Local data collection.

(b) Proportion of adults who will need renal replacement therapy and are medically suitable for pre-emptive kidney transplantation, who receive a pre-emptive kidney transplant.

Numerator – the number in the denominator receiving a pre-emptive kidney transplant.

Denominator – the number of adults who will need renal replacement therapy and are medically suitable for pre-emptive kidney transplantation.

**Data source:** Local data collection. NHS Digital's [Hospital Episode Statistics](#) contains data on kidney transplantation. Also contained in The Renal Association's clinical practice guideline on [planning, initiating and withdrawal of renal replacement therapy](#), audit measure 4.

### *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** (hospitals and specialist renal centres) work together to ensure that adults who will need renal replacement therapy are offered pre-emptive kidney transplantation if they are medically suitable.

**Healthcare professionals** ensure that they assess adults who will need renal replacement therapy for transplant suitability, and offer pre-emptive kidney transplantation to adults who are medically suitable.

**Commissioners** (clinical commissioning groups and NHS England area teams) ensure that they work together to commission services for adults who will need renal replacement therapy and are medically suitable for transplantation to receive pre-emptive kidney transplantation.

### *What the quality statement means for patients, service users and carers*

**Adults who have kidney failure** are offered a kidney transplant, if it is a suitable treatment for them, before they need to start dialysis. Kidney transplant involves replacing a kidney with one from a person who has recently died or from a relative.



## *Source guidance*

Renal replacement therapy and conservative management (2018) NICE guideline NG107, recommendation 1.3.6

## *Definitions of terms used in this quality statement*

### **Pre-emptive transplantation**

Pre-emptive kidney transplantation is carried out for adults who are medically suitable before dialysis is needed. A kidney may be used from a living or deceased donor, although a living donor is preferred.

[Adapted from NICE's guideline on renal replacement therapy and conservative management]

## *Equality and diversity considerations*

People with a BMI greater than 30 should not be excluded from transplantation based on BMI alone.

## Quality statement 3: Transplantation – on dialysis

### *Quality statement*

Adults on dialysis are offered a kidney transplant, if they are medically suitable.

### *Rationale*

Transplant survival has been shown to be negatively influenced by the duration of dialysis before transplantation. Therefore, it is important that adults who are on dialysis continue to be supported to receive a kidney transplant if it is medically suitable for them. This includes adults for whom pre-emptive transplantation was not possible and also those starting dialysis in an unplanned way.

### *Quality measures*

#### **Structure**

a) Evidence of local arrangements to ensure that adults on dialysis have their suitability for kidney transplantation assessed at the earliest opportunity.

*Data source:* Local data collection.

b) Evidence of local arrangements to ensure that adults on dialysis receive a kidney transplant, if they are medically suitable.

*Data source:* Local data collection.

#### **Process**

a) Proportion of adults receiving dialysis that was started in a planned way (excluding those presenting late in advanced chronic kidney disease) who are medically suitable and active on the kidney transplant waiting list within 6 months of starting dialysis.

Numerator – the number in the denominator active on the kidney transplant waiting list within 6 months of starting dialysis.

Denominator – the number of adults receiving dialysis that was started in a planned way who are medically suitable for kidney transplantation.

b) Proportion of adults receiving dialysis that was started in an unplanned way who are medically suitable and active on the kidney transplant waiting list within 12 months of starting dialysis.

Numerator – the number in the denominator active on the kidney transplant waiting list within 12 months of starting dialysis.

Denominator – the number of adults receiving dialysis that was started in an unplanned way who are medically suitable for kidney transplantation.

**Data source:** Local data collection.

c) Proportion of adults previously or currently on dialysis who are medically suitable for, and who receive, a kidney transplant.

Numerator – the number in the denominator who receive a kidney transplant.

Denominator – the number of adults previously or currently on dialysis, who are medically suitable for a kidney transplant.

**Data source:** NHS Digital's [Hospital Episode Statistics](#) contains data on kidney transplantation.

### *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** (specialist renal centres) ensure that they offer a kidney transplant to adults on dialysis, if they are medically suitable.

**Healthcare professionals** ensure that they assess adults on dialysis for kidney transplant suitability and offer a transplant to adults, if they are medically suitable.

**Commissioners** (NHS England area teams) ensure that they commission services that offer adults on dialysis a kidney transplant, if they are medically suitable.

### *What the quality statement means for patients, service users and carers*

**Adults who are already on dialysis** are offered a kidney transplant as soon as possible, if it is a suitable treatment for them.

## *Source guidance*

Renal replacement therapy and conservative management (2018) NICE guideline NG107, recommendations 1.3.3, 1.3.4, 1.3.5 and 1.3.6

## Quality statement 4: Dialysis access preparation

This statement has been removed. For more details see [update information](#).

## Quality statement 5: Home-based dialysis

### *Quality statement*

Adults who need long-term dialysis are offered home-based dialysis.

### *Rationale*

When dialysis is needed long-term it is important to offer home-based dialysis. People should be supported to consider the pros and cons of different treatment options and the potential impact on their lifestyle so that they can make an informed choice.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that adults on long-term dialysis are offered the option of home-based dialysis.

*Data source:* Local data collection.

#### **Process**

Proportion of adults on long-term dialysis have a recorded discussion about the option of home-based dialysis.

Numerator – the number in the denominator who have a recorded discussion about the option of home-based dialysis.

Denominator – the number of adults on long-term dialysis.

*Data source:* Local data collection.

### *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** (specialist renal centres) ensure that systems are in place to offer home-based dialysis to adults on long-term dialysis.

**Healthcare professionals** ensure that they review people on long-term dialysis, offer them home-based dialysis and provide support to help them make an informed decision.

**Commissioners** (NHS England area teams) ensure that they commission services that offer adults on long-term dialysis the opportunity to choose home-based dialysis.

### *What the quality statement means for patients, service users and carers*

**Adults on long-term dialysis** are offered the option of having dialysis at home, which they can carry out by themselves. They should be supported to consider the pros and cons before they make a decision.

### *Source guidance*

Renal replacement therapy and conservative management (2018) NICE guideline NG107, recommendation 1.3.8

## Quality statement 6: Patient transport

This statement has been removed. For more details see [update information](#).



## Quality statement 7: Transplantation – rapid access to a specialist histopathology service

### *Quality statement*

Adults who have a suspected acute rejection episode have a transplant kidney biopsy carried out and reported on within 24 hours.

### *Rationale*

Adults who have had a kidney transplant who are suspected of having an acute rejection episode should have a biopsy within 24 hours in order to inform treatment decisions. It is important that treatment for acute rejection is guided by the transplant biopsy results and is started as soon as possible. This relies on rapid access to a specialist histopathology service so that the transplant dysfunction can be established.

### *Quality measures*

#### **Structure**

Evidence of local arrangements to ensure that adults who have a suspected acute rejection episode have a transplant kidney biopsy carried out and reported on within 24 hours.

*Data source:* Local data collection.

#### **Process**

Proportion of adults with a suspected acute rejection episode who have a transplant kidney biopsy carried out and reported on within 24 hours.

Numerator – the number in the denominator who have a transplant kidney biopsy carried out and reported on within 24 hours.

Denominator – the number of adults with a suspected acute rejection episode.

*Data source:* Local data collection.

### *What the quality statement means for service providers, healthcare*

## *professionals and commissioners*

**Service providers** (specialist histopathology services) ensure that they provide rapid access (within 24 hours) to transplant kidney biopsies so that transplant dysfunction can be established quickly after a suspected acute rejection.

**Healthcare professionals** ensure that adults who have a suspected acute rejection episode receive a transplant kidney biopsy that is carried out and reported on within 24 hours.

**Commissioners** (clinical commissioning groups and NHS England area teams) ensure that they commission services for adults who have a suspected acute rejection episode to have a transplant kidney biopsy that is carried out and reported on within 24 hours.

## *What the quality statement means for patients, service users and carers*

**Adults who have had a kidney transplant** who may have had an 'acute transplant rejection' (which is when the body's immune system attacks the donated kidney) have a procedure called a kidney biopsy to remove, test and report on a small sample of the kidney. This should be carried out within 24 hours of the possible rejection.

## *Source guidance*

The Renal Association (2017) [Clinical practice guideline: post-operative care in the kidney transplant recipient](#), recommendation 4.1

## Quality statement 8: Haemodialysis access – monitoring and maintaining vascular access

### *Quality statement*

Adults receiving haemodialysis have their vascular access monitored and maintained using systematic assessment.

### *Rationale*

Maintaining vascular access using systematic assessment (clinical monitoring on each access use and consideration of advanced surveillance) ensures that it works well for as long as possible and so prevents obstruction, infection and other complications such as rupture. Early recognition of a failing access is crucial to inform appropriate intervention, to avoid the need for emergency access and to plan for further access surgery in a timely way. Urgent access-related complications should be treated by a multidisciplinary team in line with locally agreed protocols and supported by The Renal Association's clinical practice guideline on [vascular access for haemodialysis](#).

### *Quality measures*

#### **Structure**

a) Evidence of local arrangements to ensure that adults receiving haemodialysis have their vascular access monitored and maintained using systematic assessment.

*Data source:* Local data collection.

b) Evidence of a local protocol to ensure that complications of vascular access are recorded and regularly reviewed within the unit.

*Data source:* Local data collection.

#### **Process**

Proportion of adults receiving haemodialysis who have their vascular access monitored and maintained using systematic assessment.

Numerator – the number in the denominator who have a documented plan recording the

monitoring and maintenance of their vascular access using systematic assessment.

Denominator – the number of adults receiving haemodialysis.

*Data source:* Local data collection.

## Outcomes

a) Infection rates (by vascular access type: arteriovenous fistula, arteriovenous graft, non-tunnelled line, tunnelled line).

*Data source:* Local data collection. The [UK Renal Registry](#) details renal centre-specific infection rates by access type as reported to Public Health England where completion of renal failure and dialysis information is available.

b) Rupture of vascular access (fistula and graft).

*Data source:* Local data collection.

c) Catheter patency.

*Data source:* Local data collection.

d) Interventions needed for non-functioning or inadequately functioning access.

*Data source:* Local data collection.

## *What the quality statement means for service providers, healthcare professionals and commissioners*

**Service providers** (specialist renal centres) ensure that systems and local protocols are in place so that adults receiving haemodialysis have their vascular access monitored and maintained using systematic assessment.

**Healthcare professionals** ensure that adults receiving haemodialysis have their vascular access monitored and maintained using systematic assessment.

**Commissioners** (NHS England area teams) ensure that service providers monitor and maintain

vascular access using systematic assessment in adults receiving haemodialysis.

### *What the quality statement means for patients, service users and carers*

Adults receiving haemodialysis have regular, structured checks of their vascular access (where the dialysis machine is connected to their blood vessels by a needle or tube) to keep it working properly.

### *Source guidance*

The Renal Association (2015) [Clinical practice guideline: vascular access for haemodialysis](#), recommendations 6.3 and 6.5

### *Definition of terms used in this quality statement*

#### **Systematic assessment**

Systematic assessment should be based on The Renal Association's [Clinical practice guideline: vascular access for haemodialysis](#), which highlights the need for appropriate dialysis interventions, systematic observation and advanced surveillance to predict and prevent vascular access failure, and ensuring regular review and audit in line with locally agreed protocols by the multidisciplinary team.

[Adapted from The Renal Association's clinical practice guideline on [vascular access for haemodialysis](#) and expert opinion]

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

See NICE's [how to use quality standards](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

### *Using other national guidance and policy documents*

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [development sources](#).

## Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between healthcare professionals and adults receiving renal replacement therapy, and their families or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to adults with additional needs such as physical, sensory or learning disabilities, and to adults who do not speak or read English. Adults receiving renal replacement therapy services should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## Development sources

### *Evidence sources*

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Renal replacement therapy and conservative management \(2018\) NICE guideline NG107](#)
- [Clinical practice guideline: post-operative care of the kidney transplant recipient \(2017\) The Renal Association](#)
- [Clinical practice guideline: vascular access for haemodialysis \(2015\) The Renal Association](#)
- [Clinical practice guideline: planning, initiating and withdrawal of renal replacement therapy \(2014\) The Renal Association](#)

### *Policy context*

It is important that the quality standard is considered alongside current policy documents, including:

- [Adult kidney transplant service specification \(2017\) NHS England](#)
- [Specification for haemodialysis providers delivering only dialysis away from base \(DAFB\) \(2016\) NHS England](#)
- [Assessment and preparation for renal replacement therapy \(including establishing dialysis access\) service specification \(2015\) NHS England](#)
- [Haemodialysis to treat established renal failure performed in a patients home service specification \(2015\) NHS England](#)
- [In centre haemodialysis \(ICHHD\): main and satellite units service specification \(2015\) NHS England](#)
- [Peritoneal dialysis to treat established renal failure service specification \(2015\) NHS England](#)
- [Renal care – health building note 07–02: main renal unit \(2013\) Department of Health](#)
- [Renal care – Health building note 07–01: satellite dialysis unit \(2013\) Department of Health](#)



## Related NICE quality standards

### *Published*

- [Acute kidney injury](#) (2014) NICE quality standard 76
- [Infection prevention and control](#) (2014) NICE quality standard 61
- [Patient experience in adult NHS services](#) (2012) NICE quality standard 15
- [Chronic kidney disease in adults](#) (2011, updated 2017) NICE quality standard 5

### *Future quality standards*

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Renal stones.

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

## Quality Standards Advisory Committee and NICE project team

### *Quality Standards Advisory Committee*

This quality standard has been developed by Quality Standards Advisory Committee 1. Membership of this committee is as follows:

**Mr Lee Beresford**

Director of Strategy and System Development, NHS Wakefield Clinical Commissioning Group

**Dr Gita Bhutani (Vice Chair)**

Professional Lead, Psychological Services, Lancashire Care NHS Foundation Trust

**Mrs Jennifer Bostock**

Lay member

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**Dr Hasan Chowhan**

GP, NHS North East Essex Clinical Commissioning Group

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**Ms Phyllis Dunn**

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**Dr Ian Manifold**

Consultant Oncologist, Quality Measurement Expert, National Cancer Action Team

**Dr Colette Marshall**

Consultant Vascular Surgeon, University Hospitals Coventry and Warwickshire

**Mr Gavin Maxwell**

Lay member

**Mrs Juliette Millard**

UK Nursing and Health Professions Adviser, Leonard Cheshire Disability

**Ms Robyn Noonan**

Lead Commissioner Adults, Oxfordshire County Council

**Ms JoAnne Panitzke-Jones**

Quality Assurance and Improvement Lead, South Devon and Torbay Clinical Commissioning Group

**Dr Bee Wee (Chair)**

Consultant and Senior Clinical Lecturer in Palliative Medicine, Oxford University Hospitals NHS Trust and Oxford University

**Ms Karen Whitehead**

Strategic Lead Health, Families and Partnerships, Bury Council

**Ms Alyson Whitmarsh**

Programme Head for Clinical Audit, Health and Social Care Information Centre

**Ms Jane Worsley**

Chief Operating Officer, Advanced Childcare Limited

**Dr Arnold Zermansky**

GP, Leeds

The following specialist members joined the committee to develop this quality standard:

**Mr Adrian Edward Coleman**

Lead Pharmacist for Renal Services, East Kent Hospitals University NHS Foundation trust

**Dr Mark Devonald**

Consultant Nephrologist, Nottingham University Hospitals NHS Trust

**Mrs Gerry Endall**

Peritoneal Dialysis Nurse Specialist, Wessex Renal and Transplant Service

**Ms Mumtaz Goolam**

Senior Nurse (Renal), Heart of England NHS Foundation Trust

**Dr Daljit K Hothi**

Consultant Nephrologist and Lead for Home Haemodialysis, Great Ormond Street Hospital for Children Foundation Trust

**Dr Andrew Lewington**

Consultant Renal Physician, Leeds Teaching Hospitals

**Mrs Angie Beale**

Lay member

**Mr Nick Flint**

Lay member

***NICE project team***

**Dylan Jones**

Associate Director

**Shirley Crawshaw**

Consultant Clinical Adviser

**Rachel Neary-Jones**

Programme Manager

**Terence Lacey and Craig Grime**

Technical Advisers

**Sabina Keane**

Lead Technical Analyst

**Esther Clifford**

Project Manager

**Lee Berry and Lisa Nicholls**

Coordinators

## Update information

**October 2018:** Changes have been made to align this quality standard with the NICE guideline on [renal replacement therapy and conservative management](#). Statement 4 was withdrawn because it was not in line with the NICE guideline. Statement 6 was withdrawn because there was no longer a valid evidence source. References and links to source guidance throughout have also been updated.

**January 2015:** Changes to the data sources sections for quality statements 2, 3, 5 and 6 to remove incorrect references to the UK Renal Registry.

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards [process guide](#).

This quality standard has been incorporated into the NICE Pathway on [chronic kidney disease](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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## *Endorsing organisation*

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

## *Supporting organisations*

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Kidney Care UK](#)
- [National Kidney Federation](#)
- [British Renal Society](#)

- Royal College of Pathologists