



England

Commissioning Policy: Dialysis Away from Base

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Clinical Commissioning Policy: Dialysis Away from Base

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Policy Statement

NHS England will commission dialysis away from base in accordance with the criteria outlined in this document.

This policy document outlines the arrangements for funding of this treatment for the population in England, together with the responsibilities of renal units and patients when arranging dialysis away from base.

Equality Statement

Throughout the production of this document, due regard has been given to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.

Plain Language Summary

Some people who have severe kidney failure, known as end stage renal failure, need to receive dialysis on a regular basis (usually at least three times a week) in order to stay alive. For people needing renal dialysis, travelling can take a lot of planning as they will need to receive dialysis whilst they are away. This is usually known as dialysis away from base (DAFB) and this policy has been developed with the help of patients, renal doctors and nurses, and representatives from the Department of Health and NHS England.

This policy explains what a patient needs to do before they travel, either within or outside of the UK, to ensure they can receive renal dialysis whilst they are away. Alongside this policy, there is a Frequently Asked Questions paper that can also help patients to understand the process to arrange DAFB.

This policy sets out how renal dialysis will be paid for and who is responsible to pay for the DAFB. It also has information on the responsibilities of patients, renal units and NHS England commissioners.

1. Introduction

End stage renal failure is an irreversible, long-term condition as a result of chronic kidney disease for which regular dialysis treatment or transplantation is required if the individual is to survive. If the kidneys fail, the body is unable to excrete certain waste products, excess water, acid and salts resulting in increasing symptoms and eventually death. When end stage renal failure is reached, renal replacement therapy, in the form of dialysis or transplantation, is required as a life-saving and life-sustaining measure. For those patients who receive haemodialysis this is at least 3 times a week (which is the norm), or daily for peritoneal dialysis.

As a result of the frequency of their treatment, any travelling will involve the need to plan and arrange for the dialysis to take place whilst the patient is away. This is usually known as dialysis away from base (DAFB) and requires forward planning. Even with this arranging DAFB can be problematic, particularly in regard to availability of haemodialysis slots for the place and time when the patient is away.

Usual place of care may be at home or in a renal dialysis unit whether based on a hospital site or not.

This policy sets out guidance and the responsibilities of NHS England commissioners, renal units, and patients. This policy sets out the principles that apply when a resident of England, registered with an English General Practitioner, wishes to receive renal dialysis away from their usual place of care. It includes details for DAFB within the United Kingdom and also outside of the United Kingdom.

2. Guidance for Commissioners

The 10 Area Teams responsible for the commissioning of specialised services will fund renal dialysis away from base (DAFB), for all patients registered with an English General Practitioner, where this takes place via the renal dialysis providers located within their geographical area. For example, if a patient from London visits Yorkshire and has DAFB during their visit, the South Yorkshire and Bassetlaw Area Team will fund the DAFB. This is consistent with the general approach taken by specialised services commissioners, of provider, rather than population, based commissioning. Payment for DAFB will be made to the renal dialysis providers by their Area Team via the usual contracting payment arrangements. The tariff for DAFB providers will be the same as set out within the Payments by Results (PbR) guidance. In order to provide a national oversight of DAFB, each Area Team will keep a record of all DAFB patients receiving care in their area including their home unit location and cost of DAFB period.

For DAFB that takes place on a cruise ship, subject to the criteria stipulated under section 5 of this policy, each Area Team will also reimburse the DAFB, on cruise

ships, related to the patients that normally dialyse in a renal unit located within their geographic boundaries. This will be through reimbursement to the renal unit via the usual contracting payment arrangements who will then reimburse the patient.

For Wales, the Cheshire Wirral and Warrington Area Team will fund DAFB that takes place within North Wales, the Birmingham and Black Country Area Team will fund DAFB in mid Wales, and the Bristol, North Somerset and South Gloucestershire Area Team will fund DAFB in South Wales. When patients visit Scotland, each Area Team will fund DAFB related to the patients that normally dialyse in a renal unit located within their geographic boundary.

To ensure robust governance arrangements are in place for all DAFB, there will be a formal contract in place with all providers of DAFB within England. Area Teams will ensure that all providers of DAFB in their area are subject to a formal contract and the provider is able to demonstrate compliance with the national service specification. This includes DAFB activity at large independent providers' maintenance renal dialysis units, which is deemed to be outside of the NHS England contract held with the main renal unit. As part of the governance arrangements, Area Teams will also review the Care Quality Commission compliance of all DAFB providers in their area.

For the small providers of DAFB who only provide DAFB, it is expected that these providers will all have a contract with NHS England. As per the flexibility in pricing in the national tariff rules, this will include agreement of a consistent price, and also adherence to clinical governance arrangements. The Area Team covering the geographic area of these providers will therefore agree a contract on behalf of all NHS England. A specific service specification is to be developed for these providers.

3. Guidance for Renal Units/DAFB providers

As per the service specification <http://www.england.nhs.uk/wp-content/uploads/2013/06/a06-renal-dia-hosp-sat-ad.pdf> renal unit providers are responsible for helping patients in arranging DAFB and also ensuring that any spare capacity of haemodialysis slots is made known and available for patients wishing to access DAFB with them. Renal units are therefore also expected to provide DAFB themselves, to ensure that any spare capacity is made available, as well as helping to arrange for their patients' DAFB elsewhere.

The renal unit will help patients receiving peritoneal renal dialysis and haemodialysis to make arrangements for DAFB. This will include giving advice and help to patients in planning their DAFB. One useful website that lists units and includes reviews from patients who have visited is www.globaldialysis.com. The renal unit will carry out

clinical governance checks on the DAFB provider, typically this is by asking the DAFB provider to fill in an infection control checklist, one such example is attached as appendix 2. Patients should be made aware that, despite the governance checks undertaken, it will not be possible to give complete assurance regarding the service and level of risk, particularly for units outside of the UK. The level of risk of potential blood borne viruses will be discussed with the patients. The usual consultant nephrologist, or other relevant senior clinician, of the patient will give final clinical authorisation for the DAFB to take place. Renal units will ensure that all necessary tests are carried out, such as blood tests and infection screening swabs, required by the DAFB provider and results forwarded.

For DAFB within UK, if a patient is eligible for patient transport services for their normal haemodialysis treatment, this will be the same for the DAFB. It will be important for renal units to discuss any transport needs for DAFB with patients. Transport outside of the UK will not be funded, which is in line with national guidance. It should be noted that NHS England does not pay for transport as this is a responsibility of Clinical Commissioning Groups.

The renal unit will ensure that any machine that the patient is planning to transport with them for their DAFB is sufficiently insured (either by the machine's supplier company or by the renal unit) for the duration of the DAFB and check other arrangements such as airline and transport providers for their policies on transporting such equipment.

It is advisable for the renal unit to suggest contingency plans should a problem with either the PD or portable haemodialysis machine arise.

For peritoneal renal dialysis the renal unit will usually make arrangements for the fluids to be delivered to the DAFB destination.

If a provider/country of DAFB is deemed to have a high risk of exposure to blood borne viruses the patient's usual renal dialysis provider will advise the patient of any requirement to have haemodialysis in isolation on their return. The patient should also be advised if they do require to be isolated during haemodialysis on their return that this may have to take place in a different renal unit.

Rarely, it may also be appropriate to advise a patient that a period of suspension from the renal transplant waiting list is necessary to ensure the patient is not incubating blood borne virus infections that would be accelerated by the immunosuppression required for renal transplantation.

Any absence over a month will require a clinical hand over of responsibility for care. The renal unit should advise the patient that if they are away for a prolonged time from their usual renal dialysis unit then they may not be able to resume their original renal dialysis slot on their return.

Renal units will charge DAFB that takes place within their unit to their host Area Team as part of the normal contract activity and report the activity as per the requirements of the Area Team. Charges will be as per the PbR rules. DAFB will be funded under contractual arrangements and will not require prior approval or an individual funding request (IFR) process. There should be no restrictions on the number of times renal dialysis patients can access DAFB. However, for DAFB on a cruise ship, subject to the restrictions stipulated in section 5 of this policy, patients will require prior approval from their renal unit for reimbursement, for the DAFB costs to be incurred (up to the cost of tariff). This will enable patients to be clear about the level of reimbursement they may receive. Renal units will refund the patients and charge the reimbursement paid for DAFB on a cruise ship as part of the normal contract activity. This activity to be reported as per the requirements of the Area Team.

DAFB is recognised as a fundamental part of the package of care available to renal dialysis patients. Arrangements should be clear and streamlined and patients and their carers should be fully aware of their options.

Patients, including all those who undertake their treatment at home, should be made aware of up to date names and contact details for staff at their usual renal dialysis unit who deal with DAFB.

For the small providers of DAFB who only provide DAFB, the Area Team covering the geographic area of these providers will agree a contract on behalf of all NHS England. A specific service specification has been developed for these providers. As per the flexibility in pricing in the national tariff rules, this will include agreement of a consistent price, and also adherence to clinical governance arrangements as per NHS units.

4. Guidance for Patients and Carers

Alongside this policy there will be a Frequently Asked Questionnaire (FAQ) ([put link here](#)) information sheet for patients. This will give more details, tips, advice and what steps need to be taken by patients to arrange for DAFB. There are also useful websites where further information, such as how to apply for an European Health Insurance Card (EHIC) (which is free) and how to find the availability of renal dialysis slots in other renal dialysis units can be found.

In order to arrange for DAFB, patients must speak with the staff at their usual renal dialysis unit to find out the local process and to get their help in organising the DAFB prior to making any related arrangements, such as accommodation and travel. It is best to give as much notice as possible, a minimum of 4 weeks if within the UK.

Patients should give as much notice as possible of travel plans. It can take three

months, if they are planning to go abroad to allow the patient's usual renal dialysis unit time to ensure the renal dialysis is booked and to make special checks about the renal dialysis unit the patient is planning to use whilst away. Further blood tests and other health checks may also be required before the DAFB can be confirmed.

For DAFB within UK, if a patient is eligible for patient transport services for their normal haemodialysis treatment this will be the same for the DAFB. It will be important for patients to speak to their renal team if they will require patient transport services for the DAFB. It should be noted that NHS England does not pay for transport as this is a responsibility of Clinical Commissioning Groups. In line with national guidance, transport outside of the UK will not be funded.

There is no limit in terms of the number of times a patients can access DAFB. If a patient is away for more than 1 month from their usual renal dialysis unit, their renal consultant will arrange for hand over of the clinical care.

Patients must check that the renal dialysis sessions are available and have been booked for them before booking and paying for their holiday. It is strongly recommended that for DAFB outside of the UK that patients have comprehensive travel insurance policy.

Patients may be required to receive their renal dialysis in isolation when they return to their usual renal dialysis unit. This is to stop any risk of spread of blood borne viruses within the usual renal dialysis unit. Patients may also be suspended from the transplant list whilst tests are undertaken to ensure that they do not have a blood borne virus as this can have serious implications post transplant due to the requirement to prescribe immunosuppressants. Patients can find out more about this by speaking with their renal doctor or nurse. Patients may also have to dialyse at another unit for the period of isolation required if there is no capacity at their normal renal unit on return.

Patients will need to be aware that they may not be able to resume their original haemodialysis slot when they return if the provider has not been able to hold that slot for them for the time they were away. Patients will need to discuss this with their usual renal team before and after their return.

Patients that are on the transplant waiting list will be suspended temporarily if they are travelling a distance that will mean that they would not be able to go the transplant centre quickly enough if an organ became available. Patients can find out more about this by discussing this with their renal doctor.

If patients need to travel at short notice then the usual renal dialysis provider will help as much as possible to arrange for the DAFB.

Peritoneal and haemodialysis using portable machines DAFB

For patients receiving peritoneal renal dialysis or using a portable haemodialysis

machine, the following process is recommended:

- Patients should must check with their doctor or nurse that they are fit to travel before making any arrangements to do so, (e.g., accommodation and travel), as it may not be possible to reclaim expenditure incurred if the visit cannot go ahead.
- Patients should check the notice period required for their travel destination. Notice periods can vary, depending on the destination, from 4 weeks to 16 weeks.
- Patients should confirm with their destination, that they are happy to receive a clinical supplies delivery on their behalf. Suppliers will usually aim to deliver two working days before the patient travels, wherever possible, to ensure that delivery is timely, and the patient knows it is safe for them to travel.
- Once delivery has been booked, patients should give the address, contact details and travels dates to their hospital.
- The hospital administrator or nurse can then complete the appropriate travel forms, with this information, and the clinical products required.
- The clinical products supplier can then confirm the order, and provide a unique reference number for the order, and request any additional documentation from the hospital or the patient.
- Once all arrangements are in place, the supplier should confirm the order with the patient and the hospital, confirming all details, including what is being supplied, the delivery date, and the nearest peritoneal renal dialysis centre, where available.
- Patients should check with the renal unit regarding the insurance cover for an APD machine or portable haemodialysis machine.

There are useful travel booklets available for patients that have been produced which the renal unit should be able to provide.

5. Funding guidance

Patients will not be expected to pay for DAFB within the United Kingdom (UK). If a patient is planning to go abroad there are different arrangements as to whether patients will need to pay which depends on the country. In line with the national guidance the NHS will not refund travel or accommodation costs connected to renal dialysis treatment abroad.

Within the European Economic Area (EEA):

- **State sector providers:** Within the EEA patients can use their EHIC card if

the provider is within the state sector. The EHIC will entitle the patient to renal dialysis for free or at a reduced cost, but the patient will need to make arrangements directly with the provider in advance of their visit. Patients should take this opportunity to find out what contribution (if any) is required under the health system of the country they are visiting.

- **Private sector providers:** If the provider is in the private sector of another EEA country, patients can claim reimbursement from NHS England under the 'European Union (EU) Directive route' (also known as Article 56), up to the cost of the equivalent treatment under the NHS. Patients will need to make arrangements with the provider in advance of treatment and will also need to apply for funding to NHS England beforehand. More information about the EU Directive funding route and how to apply can be found here:

<http://www.nhs.uk/NHSEngland/Healthcareabroad/plannedtreatment/Pages/Article56.aspx>

Applying to NHS England in advance will enable patients to be clear on the level of reimbursement that they can expect after treatment. Following treatment, patients must send original receipts and proof of payment to NHS England's European Team, quoting the reference number that they were given pre-treatment.

Outside the EEA:

- **Reciprocal / bilateral agreements:** The UK has reciprocal healthcare agreements with a number of non-EEA countries and territories. Patients visiting any of these countries should be able to access renal dialysis for free or at a reduced cost. Again, patients must make arrangements for the renal dialysis directly with the provider, in advance of treatment. Different countries require different proofs of identity and/or residency. Further information about which countries the UK has reciprocal healthcare agreements with and how to access treatment in those countries can be found here:
<http://www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/NonEEAcountries/Pages/Non-EEAcountries.aspx>
- **Cruise ships:** Renal dialysis, or any other treatment required during a cruise, is not covered under any formal healthcare agreement held by the NHS in England, i.e. it is not covered under Article 56 nor other bilateral agreements. However, NHS England has chosen to exercise its discretionary rights to reimburse the cost of healthcare on board cruise ships, subject to certain conditions:
 - The treatment must be a regular long-term treatment for a chronic condition that the patient usually receives in an English provider and which is funded by NHS England.

- The patient will only be reimbursed either (a) the actual cost of the treatment or (b) the published NHS tariff, whichever is lower. The patient will be reimbursed by their usual renal unit and will need to supply original receipts and proof of payment when they return from the cruise.
- The patient must seek approval for the treatment in advance of their cruise journey from their usual renal unit.
- The treatment must take place within the boundaries of, or the majority of the cruise ports of call are to an EEA country, or a country with which the NHS has formal healthcare agreements, i.e. those covered under Article 56 or those countries with which England has bilateral agreements.

Since NHS England is reimbursing the cost of treatment and not commissioning the service, it is the patient's responsibility to ensure that (a) the cruise company has any relevant clinical information about their treatment prior to booking their cruise and (b) the cruise company provides the patient's usual provider with any relevant follow up information about the patient's treatment on board the cruise ship. The patient must also ensure that they have adequate travel insurance for their journey since NHS England will only reimburse the cost of the agreed treatment and not any other health care costs. The patient will also need to check the quality of dialysis service provided on the cruise ship.

NHS England will review its discretionary rights to fund treatment on board cruise ships from time to time.

- **Other countries:** Patients will have to fund their own renal dialysis if traveling to a country, outside of the EEA with which the UK has no reciprocal agreement. Reimbursement is not available in these circumstances. Patients may be able to apply for funding to the Area Team that commissions renal dialysis in their area, on an exceptional basis for payment of any renal dialysis outside of the EEA or reciprocal countries. An example of an exceptional case would be a patient who is to receive NHS funded care in a non-reciprocal country and will require renal dialysis during their stay whilst they receive this treatment (e.g. proton beam therapy in America).

Further information about treatment abroad can be found on NHS Choices at: www.nhs.uk/nationalcontactpoint. Appendix 1 has details of the current EEA and reciprocal countries.

6. Documents which have informed this policy

- Regulations implementing the EU cross border healthcare Directive:
<http://www.legislation.gov.uk/ukxi/2013/2269/regulation/7/made>
- Department of Health information document which accompanied the implementing legislation can be found here:
<https://www.gov.uk/government/publications/eu-directive-on-patients-rights-in-cross-border-healthcare>
- Information for Commissioners
<http://www.england.nhs.uk/2013/08/07/europe-x-border-health/>

7. Links to other policies

This policy follows the principles set out in the ethical framework that govern the commissioning of NHS healthcare and processes for the management of individual funding requests (IFR).

8. Date of review

This policy will be reviewed in April 2016 unless information is received which indicates that the proposed review date should be brought forward or delayed.

APPENDIX 1

The following information is as at August 2013. We have summarised the important information in this policy, however as the situation can change, additional information is available via NHS Choices. This also includes definitions of specialist terms used.

<http://www.nhs.uk/NHSEngland/Healthcareabroad/plannedtreatment/Pages/Introduction.aspx>

Renal dialysis Away from Base in Member States of the European Economic Area and Switzerland:

The European Economic Area (EEA) is a free trade zone between countries of the European Union (EU), Iceland, Norway and Liechtenstein. The regulations on access to healthcare in the EEA also apply to Switzerland.

The European Health Insurance Card (EHIC) replaced the old E111 in 2006. The EHIC permits access to state healthcare at reduced cost and sometimes free of charge. It covers treatment that is needed to allow continuation of stay until planned return. It also covers treatment of pre-existing medical conditions. It does not cover elective treatment. An EHIC card can be applied for through <http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/Pages/about-the-ehic.aspx> or by phoning 0300 33011350.

Any person who is ordinarily resident in the UK, and is of British, other EU/EEA or Swiss nationality, is eligible for an EHIC. Application is available online and is free of charge via the official EHIC application form. Possession of an EHIC is a requirement to be able to receive “all necessary state funded treatment” free of charge.

An EHIC is not required for UK citizens requiring treatment in **Ireland** production of a UK passport will suffice.

Member States:

Austria

Belgium

Bulgaria
Croatia
Cyprus (Southern)
Czech Republic
Denmark
Estonia
Finland
France
Germany
Greece
Hungary
Iceland
Ireland
Italy
Latvia
Liechtenstein
Lithuania
Luxembourg
Malta
Netherlands
Norway
Poland
Portugal

Romania

Slovakia

Slovenia

Spain

Sweden

UK

& Switzerland

Renal dialysis Away from Base Outside the European Economic Area:

The UK has Reciprocal Healthcare Agreements with certain non-EEA countries and territories listed below.

Visitors to any of these countries needing urgent or immediate medical treatment will receive it at a reduced cost or, in some cases, free of charge. The agreements do not cover the cost of repatriation to the UK or routine monitoring of pre-existing conditions. The range of medical services in these countries may be more restricted than under the NHS. Therefore, visitors should ensure they have a valid private travel insurance policy when travelling to any country.

Visitors will be treated as if they are a resident of the country in question. Generally, these agreements cover UK nationals living in the UK. Non-UK nationals may still be covered for some reduced cost or free treatment if they normally live in the UK.

Reciprocal Healthcare Agreements:

Anguilla

Armenia

Australia
Azerbaijan
Barbados
Belarus
Bosnia & Herzegovina
British Virgin Islands
Falkland Islands
Georgia
Gibraltar
Isle of Man
Jersey
Kazakhstan
Kyrgyzstan
Macedonia
Moldova
Montserrat
New Zealand
Russia
Serbia
St Helena
Tajikistan
Turkmenistan
Turks and Caicos Islands
Ukraine
Uzbekistan

Appendix 2

INFECTION CONTROL CHECKLIST

PLEASE COMPLETE YOUR REPLIES IN THE SPACE PROVIDED

Point 1; **How often do you carry out heat disinfect on your machines?**

What do you do?

Hep B	after each patient use	Y/N	start of day	Y/N	end of day	Y/N	blood leak	Y/N
Hep C	after each patient use	Y/N	start of day	Y/N	end of day	Y/N	blood leak	Y/N
HIV	after each patient use	Y/N	start of day	Y/N	end of day	Y/N	blood leak	Y/N
Non infective	after each patient use	Y/N	start of day	Y/N	end of day	Y/N	blood leak	Y/N

Point 2; **If the machine is at risk from internal contamination following a blood spillage we withdraw the machine and it is internally cleaned by the technical department.**

What do you do?

Point 3; **All of our patients with Hepatitis B are managed in a completely separate unit, at no time do they dialyse with HBV negative patients.**

What do you do?

Hep B patients	separate dedicated unit with separate staff	Y/N
	have a Hep B dedicated machine	Y/N
	dialyse main unit, side room	Y/N
	dialyse main unit with non infected patients	Y/N
comments:		

Point 4; **Our patients with Hepatitis C & HIV are dialysed in a single bay at the end of the day.**

What do you do?

Point 5; **Our patients with Hepatitis C have a double pressure transducer on their machine.**

What do you do?

Point 6; **All of our patients are routinely screened for Hepatitis B/C every three months, and HIV every 6 months.**

What do you do?

Point 7 **How many nurses do you have on a shift and how many patients?**

Point 8 **How many patients do you have with Hep B in your unit?**

0-10%

10-25%

over 25%

Point 9 **How many patients do you have with Hep C in your unit?**

0-10%

10-25%

over 25%

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Point 10 **How many patients do you have with HIV in your unit?**

0-10%	10-25%	over 25%
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Other useful information:

What dialysis machines do you use?

What days do you dialyse? Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday

Do you use; single needle **Y/N** double needle **Y/N**

What languages do you speak?

Name of Unit.....

Address/Country.....

Name(print).....Signature.....

Date.....Tel No.....

Hospital Stamp.....

Thank you

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Version Control Sheet

Version	Section/Para/Appendix	Version/Description of Amendments	Date	Author/Amended by
1				
2				
3				

4				
5				
6				
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