

Wednesday 14 January 2004

## **RCP/RENAL ASSOCIATION COMMENT ON RENAL NSF**

The Royal College of Physicians and Renal Association today welcomed the launch of part 1 of the National Service Framework for Renal Services as the best way to give patients with kidney failure the facilities and treatment they deserve, but warned that the lack of specific milestones for delivering an improved service could prove to be a great mistake.

The NSF provides a badly needed national plan for managing English patients with kidney failure. For too long, British patients with kidney failure have been severely disadvantaged compared to fellow sufferers in Europe and the developed world.

Treatment rates in England are low compared to elsewhere in Europe. Large regional variations in resources have resulted in “postcode treatment” of kidney failure and the rationing of resources with suitable patients being turned away from treatment. Adoption of the five NSF standards set for 2014 will be a major step forward in bringing standards of care up to those taken for granted in other European countries and would transform the lives of patients and their families.

However, the two organisations warned that the lack of specific milestones in the Renal NSF was potentially a grave mistake, as the success of previous NSFs was partly due to the need to meet the targets. However they welcome the announcement of a group to oversee implementation, chaired by Ron Cullen and Donal O’Donoghue, but stressed it will need the authority to ensure rapid and sustained progress in delivering the improved standards for patients with kidney disease.

The NSF, which applies to England only, sets out five standards to be completed by 2014 and identifies six early actions to be completed by 2006.

### **The five Standards to be achieved by 2014**

- **Access to information**, which will enable patients to make informed decisions about their care in order to manage their condition and maximise their quality of life.
- **Early preparation for dialysis** – once diagnosed all patients will be prepared for dialysis early enough to maximise their opportunities to receive the broadest range of possible treatment options and minimise the complications and progression of the disease.
- **To ensure patients commence dialysis in a planned way**. Fast, effective surgery to provide appropriate vascular access for haemodialysis or peritoneal dialysis to ensure patients are well prepared as dialysis becomes necessary.
- **Dialysis to best suit the needs and preferences of the individual patient** Patients will be able to interchange between the different types of dialysis depending on their clinical and lifestyle needs.
- **Improve the access to, and outcome of renal transplants** for all those who will benefit from this treatment.

### **The six Early Actions to be achieved by 2006:**

- A national survey will give a clear snapshot of the national service to help identify local priorities and enable comparison and progression to be evaluated.
- Expanding haemodialysis capacity to extend both home and centre-based haemodialysis where appropriate according to patients’ needs and closer to their homes.

- All renal units will participate in a national comparative audit that will provide managers, professional and patients with the information they need to spread best practice.
- Every patient should have the choice of the type of dialysis they receive, including home haemodialysis dialysis where appropriate.
- To achieve NICE recommendations on immunosuppressive therapy.

The much greater emphasis on patient choice and treatment close to where patients live are very welcome. The multi-disciplinary workforce, including specially trained doctors, nurses, dieticians, pharmacists and social workers, are committed to developing new, better and more efficient ways to work with patients to manage their disease

Delivering the five NSF Standards will be difficult as the need for dialysis increases every year as new patients join those already on treatment. This affects South Asian and Afro-Caribbeans who are three to five times more likely to develop kidney failure. Overall the number of dialysis patients will increase by at least 50% by 2010.

The NSF, with its national plan to provide uniform standards, and locally organised delivery of care, will require a sustained increase in resources. Some additional funds for treating renal failure have been allocated up until 2006 and the provision of appropriate levels of funding from then until 2014 will determine the success NSF. Failure to provide them would be a catastrophe for renal patients and their families.

Renal professionals will work hard together with those commissioning renal services to put in place the structures needed to deliver the standards set out in the NSF.

The Renal Association will monitor independently progress towards achieving the NSF Standards both nationally and regionally. This will be done by using the Renal Association UK Renal Registry and will focus initially on the rate of expansion of haemodialysis, the timely preparation for dialysis and the ability to provide patient choice. Results of monitoring will be published annually.

Professor Andy Rees, President of the Renal Association, said:

“The Renal NSF is an important document. Delivery of its six standards would transform the lives of patients with kidney failure, and those of their families. The key is to make sure these are delivered and the Renal Association will do everything in its power to make this happen, but it will require more resources and a strong implementation strategy for the Department of Health.”

The Renal Association is the professional body of British Kidney Doctors.

#### **Notes to Editors:**

Representatives from the Renal Association and joint specialty committee on renal medicine will be available for interview on Wednesday 13 January. To arrange an interview or for further information please contact RCP PR Manager Linda Cuthbertson on 020 7935 1174, 0794 105 7494 or e-mail [Linda.Cuthbertson@rcplondon.ac.uk](mailto:Linda.Cuthbertson@rcplondon.ac.uk).