

Classification: Official

Publication reference: NHS England A06/P/a



# Commissioning policy: dialysis away from base

Reference: NHS England A06/P/a

Version 7, 1 July 2023

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# Executive Summary

## Policy Statement

- 1.1 NHS England will routinely commission dialysis away from base in accordance with the criteria outlined in this document. In creating this policy NHS England has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.
- 1.2 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

- 1.3 Promoting equality and addressing health inequalities are at the heart of NHS England's values. NHS England is committed to equality of access, and to avoiding unlawful discrimination on the grounds of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which NHS England is responsible, including policy development, review, and implementation.

## Plain Language Summary

- 1.4 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) 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). This policy has been developed with the help of patients, renal doctors and nurses, and representatives from the Department of Health and Social Care and NHS England.
- 1.5 This policy explains the responsibilities of patients, renal units, and commissioners, and sets out 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. Payment rules are explained. Alongside this policy, there is a Frequently Asked Questions paper that can also help patients to understand the process to arrange DAFB.

## 2.0 Introduction

- 2.1 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 lifesaving and life-sustaining measure. For those patients who receive haemodialysis this is normally at least 3 times per week, or daily for peritoneal dialysis. The usual place of care may be at home or in a renal dialysis unit, whether based on a hospital site or other community-based setting.
- 2.2 As a result of the frequency of their treatment, any travelling will involve the need to plan and arrange for dialysis to take place whilst the patient is away. This is usually known as Dialysis Away from Base (DAFB) and requires forward planning. Arranging DAFB can be problematic – particularly regarding availability of haemodialysis slots for the place and time when the patient is away.
- 2.3 This policy sets out guidance and the responsibilities of NHS commissioners, renal units, and patients. DAFB is recognised as a fundamental part of the package of care available to renal dialysis 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 addresses dialysis undertaken away from base within the United Kingdom; receiving care within the European Union or the European Economic Area (EU/EEA); outside of the EU; and on Cruise ships.
- 2.4 Patients, including 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. Arrangements should be clear and streamlined and patients and their carers should be fully aware of their options.

## 3.0 Responsibilities of NHS England regional Commissioning Teams

- 3.1 As part of the service specification [In Centre Haemodialysis \(ICHHD\): Main and Satellite Units](#) regional commissioners should commission sufficient capacity for patients who wish to receive dialysis away from base when visiting their region. Renal units are therefore expected to ensure that any spare capacity is made available for patients from outside the region wishing to access DAFB with them. Additional activity to support DAFB may be commissioned from NHS renal units (outside of their existing NHS England dialysis contract); independent renal dialysis units; or through commissioning additional smaller providers of DAFB.
- 3.2 To ensure robust governance arrangements, the local commissioning team will need to ensure there is a formal contract in place to include pricing structure and clinical governance standards of practice, on behalf of all NHS England regions, and assure themselves that the provider is able to demonstrate compliance with

the national service specification [Haemodialysis: Providers delivering only Dialysis Away From Base](#). As part of the governance arrangements, regional teams will also review the Care Quality Commission compliance of all DAFB providers that they commission in their area.

3.3 The tariff for DAFB providers will be the same as set out within the published NHS national payment system. Regional teams should maintain a record of all DAFB care provided in their region including the patient's home unit location and the cost of DAFB period.

#### **4.0 Responsibilities of NHS Renal units and patients**

4.1 As reflected in the [service specification](#) a patient's usual renal unit is responsible for helping patients to arrange DAFB. Access to DAFB is an essential part of living well on dialysis - providing essential opportunity for respite, leisure, work, or personal need for the individual and/or carer and this should be supported by their dialysis treatment team.

4.2 Every unit must have a nominated DAFB coordinator or named nurse and ensure all staff are aware of DAFB procedures for patients. This will include providing advice and guidance to patients in planning their DAFB. In order to arrange 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, usually a minimum of 4 weeks if within the UK.

4.3 If planning for DAFB abroad, it is recommended to start discussions with the usual renal unit three months prior to departure to allow the patient's usual renal dialysis unit sufficient time to ensure the DAFB 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.

4.4 The renal unit will carry out clinical governance checks on the DAFB provider. However, renal units must have their own proforma to be completed by the DAFB provider to satisfy themselves of the clinical governance arrangements in the unit. 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 located outside of the UK. The patient's usual Consultant Nephrologist, or other relevant senior clinician, will give final clinical authorisation for the DAFB to take place (including a fit to fly letter if required). Renal units will ensure that all necessary tests are carried out, such as blood tests and infection screening swabs, as required by the DAFB provider and results forwarded.

4.5 Patients must check with the DAFB Provider 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.

4.6 For DAFB within England, if a patient is normally eligible for patient transport services for their routine haemodialysis treatment, this will be the same for the DAFB. It will be important for patients home renal units to discuss any transport needs for DAFB with patients, and if necessary, organise for DAFB attendance (cancelling the regular transport for the away duration). Transport outside of England will not be funded, which is in line with national guidance, as non-emergency patient transport contracts only cover care in England. It should be noted that commissioning and funding of patient transport is the responsibility of Integrated Care Boards (ICBs).

4.7 The level of risk of potential blood borne viruses will be discussed with the patient. 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 to England, and whether this may need to take place in a different renal unit.

4.8 On rare occasions, 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.

4.9 There is no limit to the number of visits away from base that a patient can make, however 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. Any absence for longer than one month will require a clinical hand over of responsibility for care from the usual renal unit to the DAFB provider.

## **5.0 Use of patient's own machine**

5.1 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. The unit's DAFB co-ordinator would be able to assist with these tasks. The renal unit must also provide a letter with named items to be taken either into the hold or the cabin i.e. saline bags, fistula needles and any medicines.

5.2 For peritoneal renal dialysis (PD) the renal unit will usually plan for the fluids to be delivered to the DAFB destination. It is advisable for the renal unit to suggest contingency plans for patients if a problem with either the PD or portable haemodialysis machine arises.

- 5.3 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.
- 5.4 Once delivery has been booked, patients should give the address, contact details and travel dates to their hospital. The DAFB coordinator can then complete the appropriate travel forms, and arrange the clinical products required.
- 5.5 The clinical products supplier can then confirm the order, 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.
- 5.6 Patients should check with the renal unit regarding the insurance cover for an automated peritoneal dialysis (APD) machine or portable haemodialysis machine.

## **6.0 Funding Guidance**

### **Dialysis Away from Base - In the UK**

6.1 Renal units offering DAFB will charge NHSE commissioners for activity undertaken within their unit to the region where the patient's GP practice is situated in accordance with <https://www.england.nhs.uk/publication/who-pays-determining-responsibility-for-nhs-payments-to-providers/>. Activity will be reported in accordance with the requirements of the regional commissioning team. Charges will be as per the nationally agreed tariffs. 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.

6.2 In keeping with regular dialysis, patients will not be expected to pay for DAFB within the United Kingdom (UK).

### **Dialysis Away from Base – Overseas**

6.3 If a patient is planning to go abroad there are different arrangements regarding whether they will need to pay, the funding process to be followed and levels of reimbursement, which depend on the country being visited or travelling through. In line with the national guidance, the NHS will not refund travel or accommodation costs connected with renal dialysis treatment abroad.

### **Visiting the European Union (EU) /European Economic Area (EEA) and Switzerland**

6.4 The UK has agreements with the EU and Switzerland that allows UK residents to use their Global Health Insurance Card (GHIC) or in-date European Health Insurance Card (EHIC) to receive necessary healthcare in the EU. Renal patients



can also access dialysis when they travel in the EU and Switzerland, providing they arrange their care before they travel with a provider in the relevant country. Those accessing this care in Switzerland must hold UK, EU or Swiss citizenship, or be a family member of someone who does. Or they must be a refugee or stateless person. No such nationality requirement applies in the EU.

Eligible patients can apply for the GHIC here: [Applying for healthcare cover abroad \(GHIC and EHIC\) - NHS \(www.nhs.uk\)](#)

6.5 Patients will need to assure themselves of the arrangements for any particular country they plan to travel through or stay in. The interim policy statement can be found here: <https://questions-statements.parliament.uk/written-statements/detail/2020-12-17/hcws670> .

6.6 Individuals will need to work with their NHS clinician and DAFB co-ordinator to agree their treatment requirements; and separately confirm they meet the criteria in the scheme before travelling

6.7 The UK is yet to reach a new agreement with Norway, Iceland or Liechtenstein which covers dialysis abroad. Further information will be available here: <https://www.gov.uk/visit-eu-switzerland-norway-iceland-liechtenstein>

#### **The EU Directive Route:**

6.8 Following the Exit from the European Union, the use of private sector dialysis providers under the 'European Union (EU) Directive route' (known as Article 56) is no longer an option available to dialysis patients looking for treatment in the private sector. This option ceased from January 2021.

#### **Travel Outside of the EEA/EU and Switzerland:**

6.9 Information on travelling outside of the EU/EEA area can be found here: <https://www.nhs.uk/using-the-nhs/healthcare-abroad/healthcare-when-travelling-abroad/travelling-outside-the-european-economic-area-eea/>

6.10 Patients will need 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.

6.11 Patients may be able to apply for funding to the NHSE Regional 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.

#### **Cruise ships**

6.12 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 treatment must take place within the boundaries of, or the majority of 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
- patients will require prior approval, from their renal unit, for reimbursement of 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.

6.13 The patient may only be reimbursed either (a) the actual cost of the treatment or (b) the published NHS tariff, whichever is lower. The patient will need to submit an application to their usual renal unit and will need to supply original receipts and proof of payment when they return from the cruise in order to receive reimbursement.

6.14 Renal units will refund the patients and charge the reimbursement paid for DAFB on a cruise ship as part of the normal contract activity to NHS England. This activity is to be reported as per the requirements of the NHS England regional team.

6.15 As NHS England is not commissioning the service, only reimbursing the cost of treatment, is the patient's responsibility (not the patients 'renal unit) to ensure that:

- (a) the cruise company has any relevant clinical information about their treatment prior to booking their cruise; and
- (b) they are satisfied about the quality of dialysis service provided on the cruise ship; and
- (c) 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.

6.16 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 at the NHS England Tariff and not any other health care costs. The patient will also need to check the quality of dialysis service provided on the cruise ship.

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

## **7. Guidance for Patients and Carers**

7.1 Alongside this policy there is a Frequently Asked Questions (FAQ)

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/05/dafb-faqs.pdf> information sheet for patients.

This gives more details, tips, advice and what steps need to be taken by patients to arrange for DAFB. There are a number of useful free websites where further

information can be found, including how to find the availability of renal dialysis slots in other renal dialysis units. These are listed at the end of this document.

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

7.3 The Kidney Care UK Dialysis Freedom Swap service is available to assist with keeping patients and units aware of which units have availability.

7.4 One useful website that lists units and includes reviews from patients who have visited is [www.globaldialysis.com](http://www.globaldialysis.com).

## **8. Criteria for Commissioning**

8.1 This policy has been agreed based on NHS England's understanding of the likely price of care associated with enacting the policy for all patients for whom NHS England has funding responsibility, as at the time of the policy's adoption. Should these prices materially change, and should they increase, NHS England may need to review whether the policy remains affordable and may need to make revisions to the published policy.

8.2 Where an individual's clinician believes that there may be exceptional clinical circumstances that might warrant consideration of funding outside of this policy, an application can be made under NHS England's Individual Funding Request (IFR) procedure. Please see NHS England's website for more details about the IFR process.

## **9. Documents which have informed this policy / Further information**

9.1 Regulations implementing the EU cross border healthcare Directive:  
<https://www.legislation.gov.uk/ukxi/2013/2269>

9.2 Information for Commissioners <http://www.england.nhs.uk/2013/08/07/europe-x-border-health/>

9.3 Further information on reciprocal healthcare arrangements and Brexit:  
<https://www.kidney.org.uk/news/reciprocal-healthcare-for-dialysis-patients-from-1st-january-2021>  
<https://www.kidneycareuk.org/news-and-campaigns/impact-brexit/>  
<https://www.kidneycareuk.org/news-and-campaigns/news/new-reciprocal-healthcare-arrangement-be-put-place/>

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