

## SYSTEMATIC IDENTIFICATION OF PATIENTS SUITABLE FOR HOME HAEMODIALYSIS

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**PROBLEM:-** A 2002 NICE Technology Appraisal recommended that all suitable HD patients should be offered the option of home haemodialysis (HHD). Our institution has maintained a home programme, comprising 10% of the total HD population. We have had no systematic way of identifying candidates for HHD, having relied on ad hoc referral by the dialysis team or the patient.

**PURPOSE:-** A systematic approach might identify more patients on center-based treatment who would be suitable for HHD. Such an approach would ensure equity of access, identify the resources required and clarify the issues that patients and the dialysis team judge to be the barriers of HHD.

**DESIGN:-** A formal assessment tool was designed based on the criteria set out in the NICE appraisal and was completed jointly by dialysis staff and patients. We aimed to get a 100% response.

**FINDINGS:-** The response rate was 94% from a population of 430. The median age was 58 and 68% were male. The majority (89%) did not want HHD and this figure was the same for central and satellite patients. These patients were generally older (median age 59). Where patient or staff cited specific reasons, the commonest were the lack of a helper (86%), lack of space (53%), poor physical condition (50%) and psychological unsuitability (35%). Lack of suitable access (13%) was less common. 11% expressed an interest in HHD, 6% *maybe* and 5% *yes*. They were younger patients, median age 52 and 51 respectively. 17/23 of the maybe group were assessed as unsuitable, poor access being the commonest problem. This left 18 patients (4%) who were suitable and keen to be trained for HHD.

**CONCLUSION:-** The majority of patients do not want HHD or are not suitable. Nevertheless, this process has identified a significant number of patients who are suitable as well as keen, and will ensure equity of access to this modality in the future. The lack of a helper is the single commonest factor preventing more widespread uptake of HHD. Potential HHD patients will face a delay despite our current resources, which include a dedicated training room and part-time trainer.

**RELEVANCE:-** In units with no home programme it is likely that this process will identify a larger number of HHD candidates. Training and supporting these patients requires changes to infrastructure and funding. Commissioners should be aware that significant resources are required to set up or expand HHD, although it may relieve pressure on center-based therapy.