GIG CYMRU NHS WALES
Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Adult Kidney, Kidney-Pancreas Transplantation

Commissioning Policy: CP342

Document Information	
Document Name	Adult Kidney, Kidney-Pancreas Transplantation
Document No	CP342
Document Purpose	Commissioning Policy
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Commissioning Team Author	Welsh Kidney Network
Target Audience	Chief Executives, Medical Directors, Directors of Finance, Transplant Surgeons, Transplant Clinical Nurse Specialists, Lead Nurses, Nephrology Consultants, patient groups
Description	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy

Contents

Abbreviations

CKD	Chronic Kidney Disease
ESKD	End Stage Kidney Disease
IPFR	Individual Patient Funding Request
NHSBT	NHS Blood and Transplant
NWJCC	NHS Wales Joint Commissioning Committee
RRT	Renal Replacement Therapy
SPK	Simultaneous pancreas and kidney transplantation
WKN	Welsh Kidney Network

Policy Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission kidney, kidney-pancreas transplantation services for people with chronic kidney disease in accordance with the criteria outlined in this document.

In creating this document NWJCC has reviewed this clinical condition and the options for its treatment. It has considered the place of this service 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.

Welsh Language

NWJCC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No.7) Regulations 2018.

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience, the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this, NWJCC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

NWJCC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the NWJCC commitment.

Disclaimer

NWJCC assumes that healthcare professionals will use their clinical judgement, knowledge and expertise when deciding whether it is appropriate to apply this policy.

This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the

circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

NWJCC disclaims any responsibility for damages arising out of the use or non-use of this policy.

1. Introduction

This policy has been developed for the planning and delivery of kidney, kidney-pancreas transplantation services for people registered with a general practice in Wales. This service will only be commissioned by the NHS Wales Joint Commissioning Committee (NWJCC) and applies to all seven Health Boards in Wales and external providers within NHS England.

1.1 Plain Language Summary

Chronic Kidney Disease (CKD) affects 7% of the Welsh population aged over 16 years. CKD is classified into five stages, with around 5% of people progressing to stages 3–5. Healthy kidneys normally remove waste and excess fluid from the blood, but in kidney failure this function is impaired. CKD can result from many causes, with diabetes and high blood pressure being the most common.

By stage 5, also known as end-stage kidney disease (ESKD), patients need to consider treatment options to replace kidney function. This may include renal replacement therapy (RRT), or, for some, a focus on symptom management without RRT, referred to as conservative management.

RRT helps by removing waste and extra fluid from the body, like how healthy kidneys would. The main types are:

- Peritoneal dialysis
- Haemodialysis
- Kidney transplantation

For patients with ESKD, kidney transplantation is widely regarded as the most effective treatment option. There is clear evidence of a substantial survival advantage for those who receive a transplant compared to patients who remain on long-term dialysis.

Likewise, transplant recipients enjoy a significantly improved quality of life with greater independence relative to dialysis patients. In addition to these clinical benefits, transplantation is highly cost-effective, yielding considerable savings for the NHS over time when compared with the ongoing costs of dialysis

Transplantation provides:

- clear survival benefits over dialysis
- superior quality of life
- long-term cost-effectiveness for the NHS
- greater independence and well-being for recipients.

Kidney transplantation may involve:

- deceased donor kidneys (including donation after brainstem death (DBD) and donation after circulatory death (DCD) donors)
- living donor kidneys
- combined kidney-pancreas transplantation
- ABO-Incompatible (ABOi) transplant
- HLA-Incompatible (HLAi) transplant.

Simultaneous pancreas and kidney transplantation (SPK):

- over 40% of kidney patients receiving dialysis also have diabetes.
- for some of those the option exists of having a simultaneous pancreas and kidney transplant.
- national guidelines stipulate that for a patient to be considered suitable for SPK, they will have insulin – dependent diabetes and have less than 20% kidney function. The vast majority being patients with T1 diabetes.

Robust pathways, national listing processes, immunological assessment, and multidisciplinary collaboration underpin safe and effective transplant delivery. This specification forms part of the broader Welsh renal care system and aligns with national guidance (see section 1.3 below).

1.2 Aims and Objectives

This policy aims to define the commissioning position of NWJCC on kidney, kidney-pancreas transplantation for people with for people with chronic kidney disease.

The objectives of this policy are to:

- ensure commissioning for the kidney, kidney-pancreas transplantation is evidence based
- ensure equitable access to kidney, kidney-pancreas transplantation
- define criteria for people with kidney, kidney-pancreas transplantation to access treatment
- improve outcomes for people with chronic kidney disease.

1.3 Epidemiology

As of July 2023, there were 1290 haemodialysis patients in Wales, with a range of ages from 18-98 and an average age of 63.9 years (30.11.2023 local data).

The number of chronic kidney disease patients is predicted to increase significantly. Currently, kidney disease is ranked as the 10th leading cause of death worldwide and it is projected to be the 5th by 2040[1].

1.4 What NHS Wales has decided

NWJCC has carefully reviewed the evidence of kidney, kidney-pancreas transplantation for chronic kidney disease. We have concluded that there is enough evidence to fund the use of kidney, kidney-pancreas transplantation, within the criteria set out in section 2.1.

1.5 Relationship with other documents

This document should be read in conjunction with the full suite of relevant policies, guidance and statutory requirements, including, but not limited to:

- **NHS Wales**
  - All Wales Policy: Making Decisions in Individual Patient Funding requests (IPFR).

- **National Institute of Health and Care Excellence (NICE) guidance**
  - NG107 - Renal replacement therapy and conservative management Published: 03 October 2018
  - QS5 - Chronic Kidney Disease in Adults Last updated: 27 July 2017
  - QS15 - Patient experience in adult NHS services Last updated: 31 July 2019
  - QS72 - Renal replacement therapy services for adults Last updated: 03 October 2018
  - TA165 - Organ preservation (renal) – machine perfusion and static storage Published: 28 January 2009
  - TA481 - Immunosuppressive therapy for kidney transplant in adults Published: 11 October 2017
  - TA482 - Immunosuppressive therapy for kidney transplant in children and young people Published: 11 October 2017
  - CG135 Organ donation for transplantation: improving donor identification and consent rates for deceased organ donation
  - Maribavir for treating refractory cytomegalovirus infection after transplant (TA860) Published: 18 January 2023
  - Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease (TA809) Published: 20 July 2022
  - Robot-assisted kidney transplant (IPG609) Published: 25 April 2018

[1] Kidney Disease a UK Public Emergency, Kidney Research UK, 2023; Economics-of-Kidney-Disease-full-report_accessible.pdf (kidneyresearchuk.org)

  - Organ donation for transplantation: improving donor identification and consent rates for deceased organ donation (CG135) Published: 12 December 2011
  - Blood transfusion (NG24) Published: 18 November 2015
  - Laparoscopic live donor simple nephrectomy (IPG57) Published: 27 May 2004

- **Welsh Government**
  - Quality Statement for Kidney Disease

- **British Transplant Society, Renal Association and NHSBT Guidelines**
  - BTS https://bts.org.uk/guidelines-standards/
  - UK Guideline on Management of BK Polyomavirus (BKPyV) Infection and Disease Following Kidney Transplantation (2024) https://bts.org.uk/uk-guideline-on-management-of-bk-polyomavirus-bkpyv-infection-and-disease-following-kidney-transplantation/
  - Measles: guidance on the care of children and adults in receipt of, or on the waiting-list for, solid organ transplantation (2024) https://bts.org.uk/wp-content/uploads/2024/06/BTS-Measles-Guidance.pdf
  - Detection of alloantibodies in solid organ (and islet) transplantation (2023) https://bts.org.uk/bshi-and-bts-uk-guideline-on-the-detection-of-alloantibodies-in-solid-organ-and-islet-transplantation/
  - APOL1 testing in Potential Living Kidney Donors (2023) https://bts.org.uk/apol1-testing-in-potential-living-kidney-donors/
  - Transplantation from deceased donors after circulatory death (2023) https://bts.org.uk/transplantation-from-deceased-donors-after-circulatory-death/
  - Management of the Patient with a Failing Kidney Transplant (2023) https://bts.org.uk/uk-guideline-for-the-management-of-the-patient-with-a-failing-kidney-transplant/
  - UK Guideline on Imlifidase Enabled Deceased Donor Kidney Transplantation (2023) https://bts.org.uk/uk-guideline-on-imlifidase-enabled-deceased-donor-kidney-transplantation/
  - Prevention and management of CMV disease after solid organ transplantation (2022) https://bts.org.uk/uk-guideline-on-prevention-and-management-of-cytomegalovirus-cmv-infection-and-disease-following-solid-organ-transplantation/
  - UK Guidelines on Pancreas and Islet Transplantation (2019) https://bts.org.uk/wp-content/uploads/2019/09/FINAL-Pancreas-guidelines-FINAL-version-following-consultation.-Sept-2019.pdf
  - Guidelines for Living Donor Kidney Transplantation (2018) https://bts.org.uk/wp-content/uploads/2018/07/FINAL_LDKT-guidelines_June-2018.pdf

- Hepatitis B and Solid Organ Transplantation (2018) https://bts.org.uk/wp-content/uploads/2018/03/BTS_HepB_Guidelines_FINAL_09.03.18.pdf
- Hepatitis E (HEV) and Solid Organ Transplantation (2017) https://bts.org.uk/wp-c Post-operative care of the kidney transplant recipient (RA; endorsed by BTS) (2017)
- https://bts.org.uk/wp-content/uploads/2017/06/FINAL_PostOperative_Care_Guideline.pdf Nephron Clin Pract 2011;118(suppl 1):c311–c347 DOI: 10.1159/000328074
- Antibody Incompatible Transplantation Guideline (2015) https://bts.org.uk/wp-content/uploads/2016/09/02_BTS_Antibody_Guidelines-1.pdf
- Kidney and pancreas transplantation in patients with HIV (joint with BHIVA) (2015) https://bhiva.org/kidney-transplantation-guidelines/
- NHSBT ODT Policies and guidance https://www.odt.nhs.uk/transplantation/tools-policies-and-guidance/policies-and-guidance/
- KDIGO Clinical Practice Guideline on the Evaluation and Management of Candidates for Kidney Transplantation (2020) https://journals.lww.com/10.1097/TP.0000000000003136
- European Renal Best Practice Guideline on kidney donor and recipient evaluation and perioperative care Nephrology Dialysis Transplantation, Volume 30, Issue 11, November 2015, Pages 1790–1797, https://doi.org/10.1093/ndt/gfu216
- Human Tissue Authority Guidance on Organ donation and transplantation https://www.hta.gov.uk/guidance-professionals/guidance-sector/organ-donation-and-transplantation

- **Other published documents**
  - Multi-professional renal workforce plan for adults and children with kidney disease (2020). Layout 1 (ukkidney.org)
  - Organ Donation and Transplantation 2030: Meeting the Need. A ten-year vision for organ donation and transplantation in the United Kingdom

These documents collectively ensure that transplantation services in Wales reflect current evidence, national standards, and regulatory obligations.

2. Criteria for Commissioning

The NHS Wales Joint Commissioning Committee approved funding of kidney, kidney-pancreas transplantation services for people with chronic kidney disease, in line with the criteria identified in this policy.

2.1 Inclusion Criteria

The service is available to:

- Adults who are ordinarily resident in Wales or for whom NHS Wales has commissioning responsibility.
- Young people aged 16–18 transitioning from paediatric services, where joint planning between paediatric and adult transplant teams supports safe transfer.
- Individuals with advanced kidney failure or ESKD for whom transplantation is clinically appropriate.
- Patients requiring re-transplantation following previous graft failure (where they meet current listing criteria).
- Patients with insulin – dependent diabetes (vast majority being patients with T1 diabetes) and ESKD who may benefit from combined kidney-pancreas transplantation or staged kidney then pancreas transplantation.

Referrals must be made by a consultant nephrologist involved in the patient's ongoing care. Patients with CKD stage 5, or stage 4 with progressive decline, should be referred when estimated Glomerular Filtration Rate (eGFR) is approximately 20 ml/min, unless late presentation prevents this. This supports timely pre-emptive transplantation where feasible.

Eligibility is confirmed following comprehensive assessment against clinical listing criteria, including NHS Blood and Transplant (NHSBT) national policies

2.2 Exclusion Criteria

Those patients who are not under adult nephrology services.

Exclusion criteria align with the NHSBT national transplant listing criteria and include:

Absolute Contraindications

- Uncontrolled or metastatic malignancy
- Active, uncontrolled systemic infection
- Conditions with limited life expectancy where transplant benefit cannot be realised

Relative Contraindications

These may preclude transplantation when combined:

- Severe cardiovascular disease with poor prognosis
- Poorly controlled HIV not on effective therapy
- High predicted risk of graft loss or perioperative mortality
- Inability or unwillingness to adhere to treatment and immunosuppression
- Severe comorbidities where transplant risks outweigh benefits

All decisions must be made by the transplant centre's multidisciplinary team (MDT), in collaboration with the patient and their families, with clear documentation and communication to the referring team.

2.3 Acceptance Criteria

The service outlined in this policy is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP Practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

2.4 Transition Arrangements

Transition arrangements should be in line with Transition from children's to adults' services for young people using health or social care services, NICE guidance NG43 and the Welsh Government Transition and Handover Guidance

Transition involves a process of preparation for young people and their families for their transition to adulthood and their transition to adult services. This preparation should start from early adolescence 12-13 year olds. The exact timing of this will ideally be dependent on the wishes of the young person but will need to comply with local resources and arrangements.

The transition process should be a flexible and collaborative process involving the young person and their family as appropriate and the service.

The manner in which this process is managed will vary on an individual case basis with multidisciplinary input often required and patient and family choice taken into account together with individual health board and environmental circumstances factored in.

For the specialised paediatric services it commissions, the NWJCC will routinely commission treatment up until a patient is 16 years old. The NWJCC does not commission specialised paediatric services for patients aged 18 years and older. For patients aged 16 or 17 years of age, the NWJCC will continue to commission ongoing specialised treatment

initiated before the patient's 16th birthday and under the ongoing care of a specialised paediatric team.

2.5 Patient Pathway (Annex i)

The patient pathway is included in Annex i.

2.6 Designated Providers

Designated transplant centres commissioned to deliver this service must:

- be NHSBT-approved for kidney (and where applicable pancreas) transplantation
- provide full 24/7 surgical and anaesthetic cover
- demonstrate compliance with national standards, audit requirements, and regulatory frameworks
- maintain strong links with Welsh renal units.

Any proposed treatment outside designated centres requires an IPFR.

2.7 Exceptions

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests can be found at: Individual Patient Funding Requests

2.8 Clinical Outcome and Quality Measures

The Provider must work to written quality standards and provide monitoring information to the lead commissioner.

The centre must enable the patient's, carer's and advocate's informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties.

Please refer to Section 3 and 4 of the associated service specification for further details.

2.9 Responsibilities

Referrers should:

- inform the patient that this treatment is not routinely funded outside the criteria in this policy, and
- refer via the agreed pathway.

Clinicians considering treatment should:

- discuss all alternative treatments with the patient;
- advise the patient of any side effects and risks of the potential treatment
- inform the patient that treatment is not routinely funded outside of the criteria in the policy, and
- confirm that there is contractual agreement with NWJCC for the treatment.

In all other circumstances an IPFR must be submitted.

3. Evidence

NWJCC is committed to regularly reviewing and updating all of its commissioning policies based upon the best available evidence of both clinical and cost effectiveness.

For end stage kidney disease, for which this policy and service specification is relevant:

- Incidence of long-term renal replacement therapy in 2023 was 466 people or 190 per million people[2].
- Prevalence, as at end of 2023 of long-term renal replacement therapy in Wales was 3,498 people or 1,423 per million people[3].
- From the WKN primary care information portal we can see that in March 2026 have 194077 or 7.2% of the Welsh population having stage 3 – 5 CKD.

3.1 References

This document should be read in conjunction with the full suite of relevant policies, guidance and statutory requirements, including, but not limited to:

- **NHS Wales**
  - All Wales Policy: Making Decisions in Individual Patient Funding requests (IPFR).

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  - CG135 Organ donation for transplantation: improving donor identification and consent rates for deceased organ donation
  - Maribavir for treating refractory cytomegalovirus infection after transplant (TA860) Published: 18 January 2023

[2] UKKA: *Adults starting kidney replacement therapy (KRT) for end-stage kidney disease (ESKD) in the UK in 2023:* Chapter 2.pdf
[3] UKKA: *Adults on kidney replacement therapy (KRT) in the UK at the end of 2023:* Chapter 3.pdf

  - Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease (TA809) Published: 20 July 2022
  - Robot-assisted kidney transplant (IPG609) Published: 25 April 2018
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- Guidelines for Living Donor Kidney Transplantation (2018) https://bts.org.uk/wp-content/uploads/2018/07/FINAL_LDKT-guidelines_June-2018.pdf
- Hepatitis B and Solid Organ Transplantation (2018) https://bts.org.uk/wp-content/uploads/2018/03/BTS_HepB_Guidelines_FINAL_09.03.18.pdf
- Hepatitis E (HEV) and Solid Organ Transplantation (2017) https://bts.org.uk/wp-c Post-operative care of the kidney transplant recipient (RA; endorsed by BTS) (2017)
- https://bts.org.uk/wp-content/uploads/2017/06/FINAL_PostOperative_Care_Guideline.pdf Nephron Clin Pract 2011;118(suppl 1):c311–c347 DOI: 10.1159/000328074
- Antibody Incompatible Transplantation Guideline (2015) https://bts.org.uk/wp-content/uploads/2016/09/02_BTS_Antibody_Guidelines-1.pdf
- Kidney and pancreas transplantation in patients with HIV (joint with BHIVA) (2015) https://bhiva.org/kidney-transplantation-guidelines/
- NHSBT ODT Policies and guidance https://www.odt.nhs.uk/transplantation/tools-policies-and-guidance/policies-and-guidance/
- KDIGO Clinical Practice Guideline on the Evaluation and Management of Candidates for Kidney Transplantation (2020) https://journals.lww.com/10.1097/TP.0000000000003136
- European Renal Best Practice Guideline on kidney donor and recipient evaluation and perioperative care Nephrology Dialysis Transplantation, Volume 30, Issue 11, November 2015, Pages 1790–1797, https://doi.org/10.1093/ndt/gfu216
- Human Tissue Authority Guidance on Organ donation and transplantation https://www.hta.gov.uk/guidance-professionals/guidance-sector/organ-donation-and-transplantation

- **Other published documents**
  - Multi-professional renal workforce plan for adults and children with kidney disease (2020). Layout 1 (ukkidney.org)
  - Organ Donation and Transplantation 2030: Meeting the Need. A ten-year vision for organ donation and transplantation in the United Kingdom

These documents collectively ensure that transplantation services in Wales reflect current evidence, national standards, and regulatory obligations.

3.2 Date of Review

This document is scheduled for review every three years, unless information is received which indicates that the policy requires revision.

If an update is carried out the policy will remain extant until the revised policy is published.

4. Equality Impact and Assessment

The Equality and Welsh Language Impact Assessment (EWLIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable NHS Wales Joint Commissioning Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity, socio-economic duty and language (Welsh).

This policy has been subjected to an EWLIA

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

5. Listening to People:

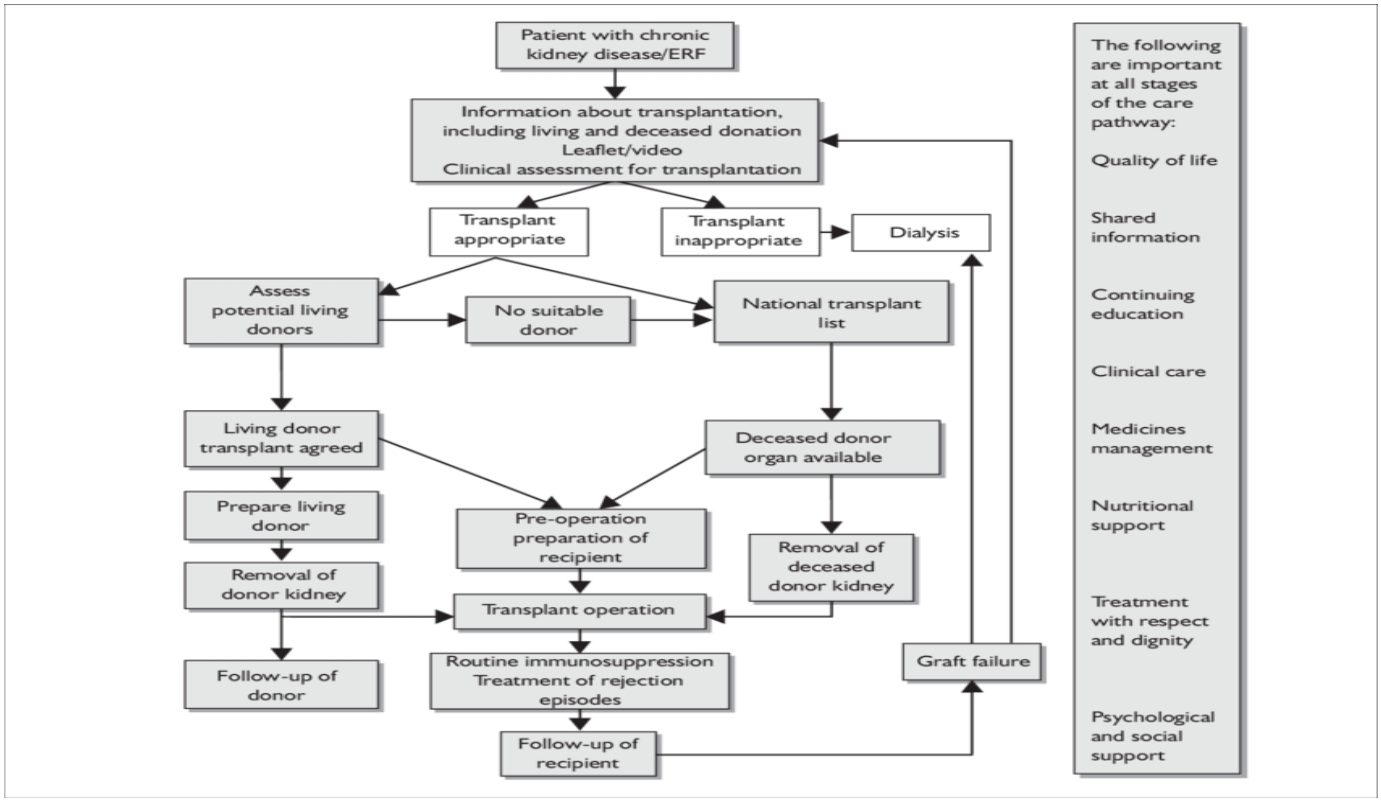
5.1 Complaints, Incidents and Redress Process

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to Listening to People, The NHS Wales Complaints, Incidents and Redress Process – People's Guidance 2026. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to NWJCC.

Annex i Patient Pathway



Annex ii Codes

The list of ICD codes is indicative and is not exhaustive. Additional codes may be used for contract monitoring purposes, furthermore some codes may cover indications not included within this policy.

Code Category	Code	Description
ICD-10	N17	Acute Kidney Failure
	N18	Chronic Kidney Disease
	N19	Unspecified Kidney failure
OPCS	M01	Transplantation Kidney
	M17	Interventions associated with kidney transplantation
	M08.4	Exploration of transplanted kidney
	X45.1	Donation of kidney

Annex iii Glossary

Individual Patient Funding Request (IPFR)
An IPFR is a request to NHS Wales Joint Commissioning Committee (NWJCC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

NHS Wales Joint Commissioning Committee (NWJCC)
NWJCC is a joint committee of the seven local health boards in Wales. The purpose of NWJCC is to ensure that the population of Wales has fair and equitable access to the full range of Tertiary Services. NWJCC ensures that services within our portfolio are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.

Welsh Kidney Network (WKN)
The purpose of the WKN is to plan and commission services on an all Wales basis in an efficient, economical and integrated manner and to provide, through the NHS Wales Joint Commissioning Committee, a single decision-making framework with a clear remit, responsibilities and accountability.

Contact Us

If you have a question related to this document you can contact us using one of the methods outlined below.

If you would like this document in an alternative format and/or language, please contact us for assistance.

Email:

NWJCC consultation mailbox – NWJCC.Consultation@wales.nhs.uk

Telephone:

General Enquiries – 01443 433112

Website:

Contact us - NHS Wales Joint Commissioning Committee

Writing:

If you wish to contact the NHS Wales Joint Commissioning Committee, you can write to us at one of our locations below, we welcome correspondence in Welsh or English:

South Wales Office
Unit G1 The Willowford, Main Avenue, Treforest Industrial Estate, Pontypridd, CF37 5YL

North Wales Office
Unit 3, Media Point - Unit 3, Mold Business Park, Mold, CH7 1XY