GIG CYMRU NHS WALES
Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Adult Kidney, Kidney-Pancreas Transplantation

Service Specification: SS342

Document Information	
Document Name	Adult Kidney, Kidney-Pancreas Transplantation
Document No	SS342
Document Purpose	Service Specification
Publication Date	August 2026
Version No	1.0
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 5

Statement 7

Welsh Language 7

Decarbonisation 7

Disclaimer 8

1. Introduction 9

1.1 Background 9
1.2 Aims and Objectives 11
1.3 Relationship with other documents 12

2. Service Delivery 15

2.1 Access Criteria 15
2.2 Service description 15
2.3 Interdependencies with other services or providers 17
2.4 Exclusion Criteria 18
2.5 Acceptance Criteria 19
2.6 Transition Arrangements 19
2.7 Patient Pathway (Annex i) 20
2.8 Service provider/Designated Centre 20
2.9 Exceptions 20

3. Quality and Patient Safety 21

3.1 Quality Indicators (Standards) 21
3.2 National Standards 24
3.3 Other quality requirements 24

4. Performance Monitoring and Information Requirement 25

4.1 Performance Monitoring 25
4.2 Key Performance Indicators 25
4.3 Outcome measures 27
4.4 Date of Review 28

5. Equality Impact and Assessment 29

6. Listening to People 30

6.1 Complaints, Incidents and Redress Process 30

Annex i Patient Pathway 31

Annex ii Codes 32

Contact Us 33

Abbreviations

ABOi	ABO-Incompatible
APOL	Apolipoprotein
BHIVA	British HIV Association
BTS	British Transplantation Society
CKD	Chronic Kidney Disease
CMV	Cytomegalovirus
CT	Computed Tomography
DBD	Donation after Brain Death
DCD	Donation after Circulatory Death
DGF	Delayed Graft Function
eGFR	Estimated glomerular filtration rate
ESKD	End – Stage Kidney Disease
ESRF	End Stage Renal Failure
GDPR	General Data Protection Regulation
GP	General Practitioners
HDU	High Dependency Unit
HEV	Hepatitis E
HLAi	HLA-Incompatible
HTA	Human Tissue Authority
ICU	Intensive Care Unit
IPFR	Individual Patient Funding Request
KDIGO	Kidney Disease: Improving Global Outcomes
KPI	Key Performance Indicators
LD	Live Donor
MDT	Multi-disciplinary Team
NHS	National Health Service
NHSBT	National Health Service Blood and Transplant
NICE	National Institute of Clinical Excellence
NWJCC	NHS Wales Joint Commissioning Committee

ODT	Organ Donation and Transplantation
PALS	Patient Advice and Liaison Services
PMP	Per million population
PREMS	Patient Reported Experience Measures
PROMS	Patient Reported Outcomes Measures
PTLD	Post-transplant lymphoproliferative disorder
PTR	Putting Things Right
RRT	Renal replacement therapy
SAEARs	Serious Adverse Events and Reactions
SPK	Simultaneous pancreas and kidney transplantation
UHB	University Health Board
UKRR	UK Renal Registry
WKN	Welsh Kidney Network

Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission adult kidney, kidney-pancreas transplantation services for people with chronic kidney disease who require renal replacement therapy in accordance with the criteria outlined in this specification.

In creating this document NWJCC has reviewed the requirements and standards of care that are expected to deliver this service:

- Reviewed the epidemiology and clinical course of chronic kidney disease
- Evaluated current treatment options and the role of transplantation in clinical practice
- Examined the balance of benefits and risks demonstrated in the scientific literature
- Assessed value for money and the optimal use of NHS resources. This document sets out the eligibility criteria, service standards and governance arrangements by which transplantation services will be commissioned across Wales.

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 judgment, knowledge and expertise when deciding whether it is appropriate to apply this document.

This document 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 document has been developed for the planning and delivery of Adult Kidney and Kidney-Pancreas Transplantation services to facilitate transplantation for adults registered with a general practice in Wales with Chronic Kidney Disease (CKD) requiring renal replacement therapy. 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

Kidney transplantation is the most effective treatment for end-stage kidney disease (ESKD), offering improved survival, better quality of life, and greater independence compared with long-term dialysis. For suitable patients with insulin – dependent diabetes (vast majority being patients with T1 diabetes) and ESKD, combined kidney-pancreas transplantation provides the additional benefit of improved metabolic control and protection from diabetes-related complications.

This specification defines:

- the scope and purpose of the transplantation service
- the clinical and operational standards required of designated transplant centres
- expectations regarding access, pathways, safety, governance, and quality assurance
- the relationship between transplant centres, local renal units, NHS Blood and Transplant (NHSBT), and other essential partners
- performance reporting and monitoring requirements
- equality, sustainability, and patient-centred care principles.

The document supports a consistent, nationally commissioned approach so that Welsh residents can access timely assessment, listing, transplantation, and follow-up regardless of geographical location.

1.1 Background

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[1]

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.

[1] The UK eCKD Guide | UK Kidney Association

- 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

The overarching aim of this service is to commission and deliver a safe, sustainable, high-quality transplant service that improves survival, outcomes, and patient experience.

Objectives

Primary objectives	Enabling Objectives
Living and deceased donation will become an expected part of care, where clinically appropriate, for all in society.	To make the most effective use of a precious donor organ, we will ensure that recipient outcomes are amongst the best in the world.
We will aim for optimal organ utilisation in every organ group, benefiting from new technologies and techniques.	People of all backgrounds and circumstances have timely access to the organ they need.
	We will secure a sustainable service across the UK, making the most of every opportunity for a donation and a transplant.
	We will build a pioneering culture of research and innovation in donation and transplantation in the UK.

Aims

1. Define the service requirements for adult kidney and kidney-pancreas transplantation, including assessment, surgery, post-operative management, and long-term follow-up.
2. Ensure minimum national standards for clinical quality, safety, equity, and access across Wales.
3. Promote timely referral, assessment, listing, surgery and long-term follow up, supporting pre-emptive transplantation wherever clinically appropriate.
4. Embed patient-centred care, shared decision-making, and clear communication throughout the pathway.

5. Support safe transition for young people aged 16–18 into adult transplant services in collaboration with paediatric nephrology teams.
6. Establish clear governance, reporting, and quality assurance mechanisms, including collaboration with NHSBT, the Welsh Kidney Network (WKN), and regulatory bodies.
7. Ensure sustainability and equitable access, including linguistic equity (Welsh language), and alignment with decarbonisation commitments where appropriate.

1.3 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
  - 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. Service Delivery

The NHS Wales Joint Commissioning Committee will commission the kidney, kidney-pancreas transplantation service for adults with Chronic Kidney Disease (CKD) requiring renal replacement therapy, in line with the criteria identified in this specification.

2.1 Access 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 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 Service description

The transplant service encompasses all stages of care from referral and assessment through to transplant surgery, post-operative care, and long-term follow-up. The service must be delivered through designated transplant centres approved by NHSBT, with strong collaboration between transplant units, local renal services, and supporting specialties.

Core Elements of the Service

- Comprehensive recipient assessment
  - Full medical, surgical, immunological, cardiovascular and psychosocial evaluation.

  - The initial assessment and work-up of potential transplant recipients can take place in any hospital in Wales under the care of nephrologists, as close to patients' home as possible, and for potential living donors, in any specialist renal centre in Wales.
  - Consultation with supporting specialties as required (e.g. cardiology, diabetology, clinical psychology, infectious diseases).
  - Access to specialist Histocompatibility and Immunogenetics services, led by a Consultant Clinical Scientist, is essential for immunological compatibility assessment and donor-recipient matching.
- Living donor work-up
  - Evaluation, counselling, and ongoing support for living kidney donors
  - Coordination with NHSBT for paired/pooled donation where applicable
  - Compliance with Human Tissue Authority (HTA) requirements
- Desensitisation enabled
  - ABOi transplant
  - HLAi transplant
  - Access to of Histocompatibility and Immunogenetics support, led by a Consultant Clinical Scientist, to provide specialist advice on immunological suitability and to support the development and delivery of desensitisation pathways (including ABOi and HLAi transplantation).
- Transplant surgery
  - Performed in dedicated, fully equipped operating theatres with 24/7 emergency capacity.
  - Facilities must meet standards for deceased donor and living donor procedures, including complex abdominal surgery for kidney-pancreas transplantation.
- Organ preservation and support technologies
  - Cold storage as standard.
  - Use of machine perfusion technologies in line with NICE guidance and emerging best practice.
  - Consideration of advanced modalities such as normothermic machine perfusion where appropriate and in line with national guidance and local governance arrangements.
  - Transplant centres may consider robotic-assisted kidney transplantation in selected patients where appropriate expertise, facilities, and governance arrangements exist. Current evidence suggests robotic approaches are feasible and safe in experienced centres, with potential benefits in specific patient groups, including recipients with obesity, particularly in relation to wound complications. Current use of robotic techniques should align with NICE guidance, include clear patient selection criteria, and be subject to ongoing audit and outcome evaluation.

- Post-operative inpatient care
  - Immediate monitoring in transplant ward or critical care depending on clinical need.
  - Early graft function assessment, immunosuppression initiation, and complication management.
- Follow-up
  - Early intensive follow-up by the transplant centre.
  - Handover of routine monitoring to the local renal unit between the first two weeks and six months, as deemed clinically appropriate.
  - Long-term follow-up by transplant-trained nephrologists at local centres, with re-referral pathways for specialist review.
  - Transplant centres should work towards developing, in collaboration with appropriately accredited regional laboratories, enhanced post-transplant monitoring pathways that may include emerging non-invasive techniques such as donor-derived cell-free DNA and molecular diagnostics, in line with BANFF consensus recommendations. These techniques should be used as adjuncts to established clinical, biochemical, and histological monitoring, with implementation informed by the evolving evidence base, agreed indications, and appropriate governance and outcome evaluation.
  - Access to Histocompatibility and Immunogenetics support, led by a Consultant Clinical Scientist, for post-transplant immunological monitoring, including donor-specific antibody (DSA) testing to inform clinical management
- Designated Providers
  - Only centres specified within the commissioning framework may deliver transplant services.
  - Any referral outside designated providers requires an Individual Patient Funding Request (IPFR).

The service must ensure robust communication between all teams involved (transplant centre, local renal unit, NHSBT, primary care), preventing fragmentation of care.

2.3 Interdependencies with other services or providers

The service relies on strong partnerships with:

Local Renal Units

- Provide pre-dialysis education and early transplant discussions
- Arrange initial work-up investigations and ongoing dialysis care
- Participate in shared-care arrangements post-transplant

Care and Surgical Services

- On-site access to ICU/HDU for complex cases

- Surgical support for vascular, urological or abdominal complications

Diagnostic and Support Services

- Radiology (CT angiography, Doppler, interventional radiology)
- Pathology (biochemistry, haematology, histopathology)
- Microbiology, virology, and infectious diseases support
- Cardiology (reflecting the high prevalence of cardiovascular disease among kidney transplant recipients requiring specialist input into pre-transplant cardiovascular assessment and postoperative care)
- Clinical psychology

NHS Blood and Transplant (NHSBT)

- National waiting list management
- Organ allocation and retrieval coordination
- Mandatory data reporting, audits, and compliance with national policies

Welsh Blood Services

- Provision of comprehensive Histocompatibility and Immunogenetics services for donor–recipient matching, expert immunological risk assessment, and post-transplant immunological monitoring.
- Provision of 24/7 service for immunological risk assessment to support deceased donor transplantation.
- Registration of patients on the deceased donor transplant waiting list, maintenance of contemporary immunological profiles for appropriate deceased donor organ allocation and management of patient status on the waiting list.

Human Tissue Authority (HTA)

- Oversight of living donor compliance and regulatory assurance

Primary Care and Community Services

- Continued general medical care, prescribing support, and shared monitoring
- Effective coordination across these interdependent services is essential to deliver safe, seamless transplant care

2.4 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 patients and their families, with clear documentation and communication to the referring team.

2.5 Acceptance Criteria

The service outlined in this specification 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.

Listing is only completed once all required tests, consent processes and regulatory steps (including HTA approval for living donation) are in place.

2.6 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 way this process is managed will vary on an individual case basis with multidisciplinary input often required and patient and family choice considered 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.

2.7 Patient Pathway (Annex i)

The patient pathway is included in Annex i.

2.8 Service provider/Designated Centre

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.

2.9 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

3. Quality and Patient Safety

The provider must work to written quality standards and provide monitoring information to the lead commissioner. The quality management systems must be externally audited and accredited.

The centre must enable the patients, carers and advocates informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties and for children, teenagers and young adults.

3.1 Quality Indicators (Standards)

Locally defined outcomes

The local referring services and the transplantation centres should aim to deliver the following:

Clinical Governance

Providers must maintain robust governance systems that include:

- Regular MDT meetings for assessment, listing decisions, complex case discussion, and management review.
- Mortality and morbidity reviews, including audits of surgical and medical complications.
- Organ utilisation reviews and participation in NHSBT national audit programmes.
- Version-controlled, up-to-date clinical protocols and care pathways.

Incident Reporting

Providers must:

- Maintain a culture of safety with prompt reporting of incidents, near misses, complications, and unexpected outcomes.
- Follow statutory reporting requirements for:
  - Serious Adverse Events and Reactions (SAEARs) to HTA (for living donation).
  - NHSBT incident reporting, particularly for donor-derived events.
- Escalate significant issues to:
  - The Welsh Kidney Network (WKN)
  - Local Health Board governance structures

Root cause analyses and improvement plans must be documented and monitored to completion.

Clinical Audit and Outcomes Monitoring

Audit programmes must include:

- Graft and patient survival at 1 and 5 years.
- Delayed graft function and early complications.
- Readmission rates and unplanned ICU use.
- Living donor outcomes and donor follow-up completeness.
- Adherence to immunosuppression protocols.
- Access and equity metrics.

Centres must participate in national audit cycles and submit complete and accurate data to:

- NHSBT UK Transplant Registry
- UKRR

Consent and Ethical Standards

Providers must ensure:

- Clear, comprehensive, and documented consent processes for recipients and donors.
- HTA regulatory compliance for living donation, including independent assessor approval.
- Voluntary, informed, and non-coerced decision-making for donors.

Patient and Donor Experience

Services must gather and act on:

- Patient Reported Experience Measures (PREMs).
- Patient Reported Outcome Measures (PROMs).
- Donor experience feedback and long-term follow-up data.
- Local surveys and patient engagement forums.

Feedback must inform quality improvement action plans.

Peer Review

The Welsh Kidney Network will undertake peer review of transplant services every 3–5 years, assessing:

- Quality and safety arrangements.
- Performance outcomes.
- Equity of access.
- Cross-border compliance.
- Adherence to national standards.

Providers must implement agreed recommendations.

Provider outcomes

Designated transplant centres must:

1. **Provide equitable access**
   - Ensure that all eligible patients across Wales receive fair, consistent access to transplantation.
   - Monitor referral and listing rates to identify and address unwarranted variation.

2. **Ensure timely assessment and listing**
   - Complete transplant assessments efficiently and activate suitable patients on the waiting list promptly.
   - Support pre-emptive transplantation wherever clinically appropriate.
   - Routine monitoring of referral, listing, and transplant rates by demographic and socio-economic factors to identify and address unwarranted variation.

3. **Optimise clinical outcomes**
   - Adhere to nationally endorsed guidelines (e.g. BTS, NHSBT, NICE, KDIGO).
   - Maintain robust protocols for immunosuppression, infection prevention, rejection monitoring, and surgical care.
   - Benchmark outcomes—graft survival, patient survival, delayed graft function—against NHSBT and UK Renal Registry (UKRR) data.

4. **Deliver patient-centred care**
   - Promote shared decision-making and respect individual preferences (e.g. modality preferences, donor choices, language needs).
   - Consideration of individual needs for patients with:
     (a) Sensory or cognitive impairments.
     (b) Mental health conditions.
     (c) Learning disabilities.
     (d) Cultural or religious requirements.

5. **Ensure patients and donors receive clear, accessible information** about risks, benefits, alternatives, how to register or deregister from the transplant list, and the process for rejoining the pathway if they change their decision, immunosuppression, and follow-up requirements including availability in Welsh and alternative formats (e.g., large print, Easy Read, translation services, communication support).

6. **Ensure continuity between transplant centres and local renal units**

  - Provide clear, timely handover plans for repatriation of routine post-transplant care.
  - Maintain shared-care models and ensure specialist advice remains available after repatriation.

A range of the above standards are included as KPIs in Section 4.2.

3.2 National Standards

The service must comply with:

- NHS Blood and Transplant policies, including national allocation schemes, listing criteria, and mandatory outcome reporting.
- British Transplant Society and Renal Association clinical guidelines.
- Human Tissue Authority requirements regarding living donation, consent, and regulatory reporting.
- NICE clinical guidelines, quality standards, and technology appraisals relevant to CKD, RRT, transplantation, infection management, organ preservation, and immunosuppression.
- Welsh Government Quality Statement for Kidney Disease, adopting principles of safety, equity, sustainability, and patient experience.
- Infection prevention and control standards, including CMV/PTLD guidance, operative safety requirements, and antimicrobial stewardship protocols.

Providers must demonstrate that all local policies and standard operating procedures reflect these standards and are regularly reviewed.

3.3 Other quality requirements

- the provider will have a recognised system to demonstrate service quality and standards
- the service will have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site
- the quality system and its treatment protocols will be subject to regular clinical and management audit
- the provider is required to undertake regular patient surveys and develop and implement an action plan based on findings

4. Performance Monitoring and Information Requirement

4.1 Performance Monitoring

NWJCC will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care

Approach

1. Routine Oversight
   - Quarterly performance reviews between WKN and designated providers covering activity, access, outcomes, incidents, and improvement plans.
   - Annual commissioning review summarising the year's performance, risks, mitigations, and priorities for improvement.
2. Peer Review
   - WKN-led peer review every 3–5 years to assess compliance with national standards, equity of access, cross-border arrangements, and outcomes. Findings convert into an agreed, time-bound action plan.
3. Benchmarking
   - Providers benchmark their outcomes against NHSBT and UK Renal Registry national reports (graft/patient survival, DGF, case-mix adjusted outcomes).
   - Equity is monitored by patient demographics and geography to identify unwarranted variation.
4. Assurance & Escalation
   - Early warning triggers include deterioration in outcomes, breaches of safety thresholds, persistent data quality issues, or widening equity gaps.
   - Escalation route: Provider → Health Board governance → WKN → NWJCC (and, where applicable, NHSBT/HTA for regulatory events).
   - Formal improvement plans are monitored to closure with clear ownership and timescales.

4.2 Key Performance Indicators

The providers will be expected to monitor against the full list of Quality Indicators derived from the service description components described in Section 2.2.

The KPIs below are an ambitious set of indicators, which the WKN will work with providers across Wales and UK providers to agree timeframes for delivery.

This will include:

- Definitions
- Frequency
- Reporting mechanism
- Stratification
- Phasing of developing reporting mechanisms if data is not currently available

KPIs
Referral-to-Listing Time
Proportion of new transplant referrals seen within 8 weeks
The proportion of patients with ESRF starting dialysis who have a documented transplant status
The proportion of all RRT starters who start with a pre-emptive transplant.
The proportion of all patients with ESRF starting dialysis who were activated on to the transplant waiting list pre-emptively
The proportion of patients placed on the transplant waiting list or received a LD transplant within 12 months of starting dialysis
The proportion of all current dialysis patients who have a documented transplant status or decision
The proportion of all current dialysis patients who are on the transplant waiting list (active or suspended)
The prevalence of transplant recipients as a proportion of all prevalent RRT patients
Pre-emptive transplant rate
Transplant Rate per million population (pmp)
Live donor transplant rate
Median waiting time for transplant
Cold Ischaemic Time
Graft Survival (30 day; 1y & 5y)
Patient Survival (30 day; 1y & 5y)

KPIs
Delayed Graft Function (DGF)
Repatriation Time
30-Day Readmission
Living Donor Pathway Timeliness
PREMs & PROMs
Data Completeness

Notes

- Providers will agree annual thresholds/targets and any stretch/improvement goals with WKN.
- All indicators must include trend lines and narrative explaining drivers, mitigations, and planned actions.
- Equity monitoring requires stratification to identify unwarranted variation across demographics and geography.
- For kidney-pancreas transplants, add pancreas graft survival and insulin independence where data quality allows.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

4.3 Outcome measures

The service should aim to deliver the following key patient and service outcome measures

Outcome measure	Transplant recipients	Living Donors
Informed choice and shared decision-making process	✓	✓
Medically suitable patients are placed on the transplant list in a timely manner as per the quality requirements of this service specification.	✓	
The waiting time for a transplant is kept to a minimum and the pathway and quality requirements as described within the service specification is adhered to.	✓	
Time in hospital is minimised.	✓	✓
Complications, side effects and co-morbidity is minimised.	✓	✓

Effective communication between the patient and the right health care professional throughout the pathway.	✓	✓
Optimal long-term function of the transplant.	✓	
Living donors are worked up according to national guidelines in a timely manner; including antibody incompatible transplantation and recipient pre-conditioning, where this is an option.		✓
To ensure that the waiting time to proceed to living donor nephrectomy is kept to the minimum (ideally within 12 weeks), unless the donor or recipient wants to delay. Units should routinely monitor the waiting time and identify and remove any process delays.		✓
Long term follow-up takes place and is nationally reported.		✓

4.4 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, this version of the policy will remain extant until the revised policy is published.

5. 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.

6. Listening to People

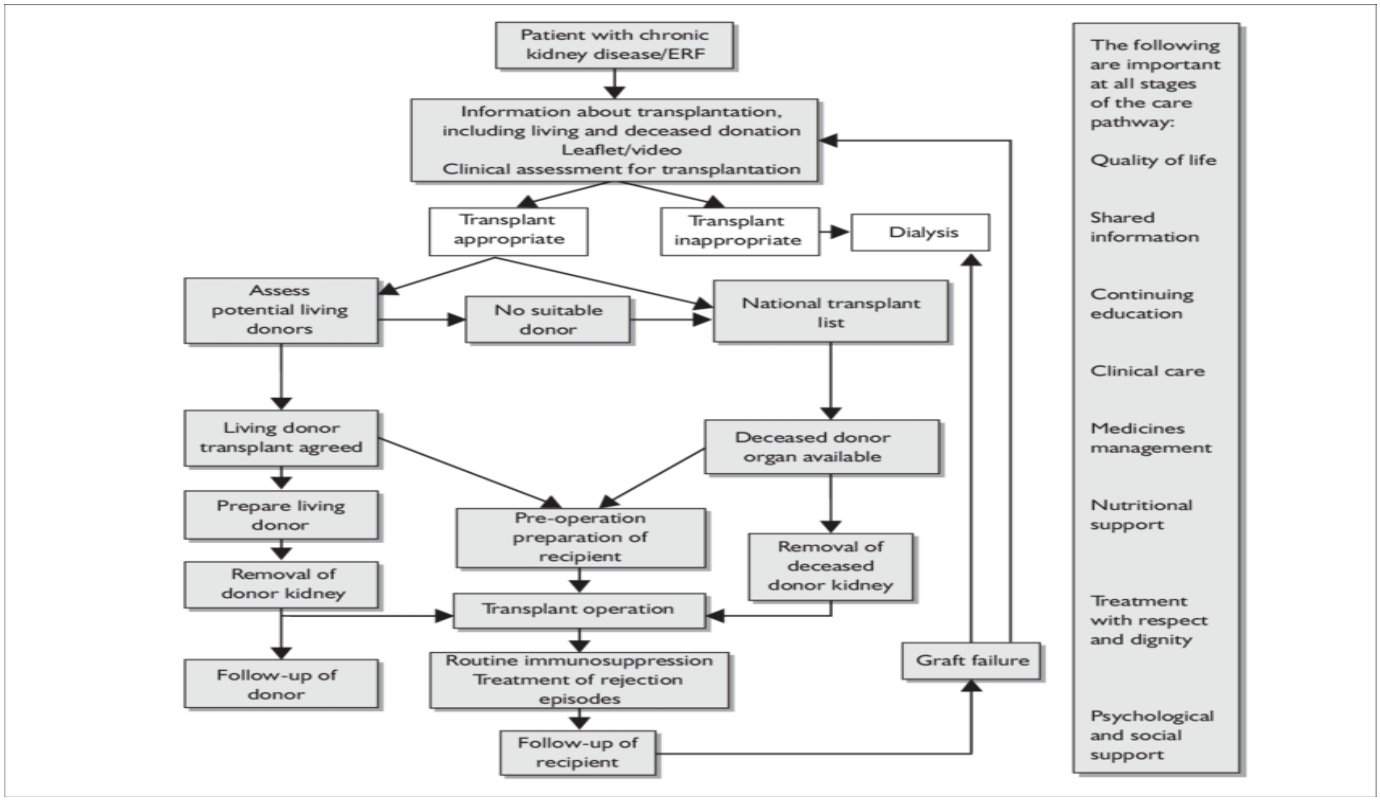
6.1 Complaints, Incidents and Redress Process

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

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