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## P364 -Assist-HHD Study: A feasibility study Into staff-assisted Home Hemodialysis (aHHD) as an alternative dialysis modality

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### Introduction

Home haemodialysis (HHD) is a modality associated with numerous clinical benefits, flexibility and treatment satisfaction. Despite several national initiatives, the overall uptake remains low. In recent years, assisted peritoneal dialysis (APD) has offered a new option for home dialysis patients. At present, a staff-assisted service for haemodialysis does not exist within the NHS and such a service may not only provide the clinical benefits associated with HHD, it could significantly reduce hospital visits and enable more patients to become independent with their treatment.

### Objectives

Our aim was to determine the scope and evidence of benefit of an assisted home haemodialysis (aHHD) programme as well as build and develop a proof of concept model for an aHHD modality in order to inform a larger UK study.

### Methods

We invited maintenance haemodialysis patients across 3 renal centres involving 13 dialysis units in the North West region to complete a short questionnaire. The questionnaire was a multiple-choice questionnaire completed on paper when they attended for their routine treatment. Patients were also given the option of attending a focus group. Staff and patient focus groups will be held in March 2019 to determine scheduling, patient expectation and potential staffing and support models. The study findings will inform a care delivery model which will include a health economic assessment.

### Results

380 haemodialysis patients have completed the questionnaire with a median age of 67 years (19-95yrs). The majority of patients either own their home (52%) or rent it from the council or local authority (41%), making the required alterations for some HHD installations more feasible. 60% of respondents are dependent on hospital transport and on a typical dialysis day, 44% spend >6 hours away from their home.

The majority of patients (55%) have considered home haemodialysis (HHD) before. The dominant factors steering patients away from HHD (% of patients who either agreed or strongly agreed with statements) were a lack of confidence in being able to use their vascular access (62%), safety aspects surrounding home treatment (60%), being able to manage alarms on the machine (51%), wanting to keep treatment separate from their home life (53%) and not wanting to miss out on the social aspect of a hospital based-treatment (47%).

Interestingly, more than a third of patients (35%) would trial aHHD if it were available and out of these, 33% felt they would need minimal assistance in calculating their UF volume and 50% felt they would need

minimal assistance with setting up their table and machine. Unsurprisingly, the majority of these patients felt they would need frequent assistance with connecting themselves to the dialysis equipment (56.3%) and with using their vascular access (74.4%).

## Conclusion

There is considerable interest in aHHD amongst in-centre patients and such a therapy would address many of the barriers to HDD. This study will next develop an aHHD care model including a health economic evaluation. A pilot study in implementation is required to assess the true benefits of this modality as part of a spectrum of individualised care for patients.