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Your Clinic is: ____________________________________________

Your Clinic Manager is: ____________________________________

Your named Nurse is: ______________________________________
At Fresenius Medical Care Renal Services we want to make your dialysis journey with us as comfortable as possible. We have created this Patient Guide in close collaboration with dialysis patients and nurses. For over 20 years we have been dedicated to providing patients who suffer from a kidney disease with the best level of care.

Your care is jointly provided between the local NHS hospital and ourselves. This guide will help to explain what you should expect from our services, together with some hints and tips about living with dialysis.

This guide is an introduction for new dialysis patients as well as their families and carers. We want to help you come to terms with dialysis and this guide will provide answers to many of the questions you may have and encourage you along the way. It will also serve as a useful reference book for patients who are already being treated at a dialysis unit.
Your Unit Team

Your unit will have either a Clinic/Unit Manager and a Deputy Manager. These senior staff will be supported by some or all of the following – Team Leaders, Registered Nurses, Dialysis Assistants, Healthcare Assistants and a unit Secretary.

When new to a unit you will be allocated a named nurse. They will be your main point of contact and will be primarily responsible for assessing, planning, coordinating and evaluating your care needs on an individual and ongoing basis. Your treatments will also be provided by other members of the nursing team.

Treatment is provided in accordance with the policies and procedures set out by Fresenius Medical Care Renal Services in alignment with your referring NHS Renal Unit.

Your Confidentiality

It is vitally important that we keep your medical information private and confidential. When you begin your dialysis journey with us, you will be given a patient card on which data will be stored about your dialysis treatment. You will be given the card each time you attend for treatment at the unit and it will be used to record your weight.

Whilst you are undergoing dialysis, the machine is recording information about your treatment. We also hold this and other clinical information on a secure computer system called EuCiID. This computer system allows information to be shared with your NHS Consultant Nephrologist about your treatments. The nurse will record information on a handheld computer such as your blood pressure and temperature. At the end of the session the card is locked away until your next visit.
During your visit to the unit, it is important to us that you stay safe and any potential hazards are minimised so far as is reasonably practicable. Your unit staff are regularly trained on health and safety procedures but as a patient you can also help contribute to a safe environment. Here are some guidelines to assist you in reducing the risks to your own health and safety and that of our staff. Slips, trips and falls are the most common of hazards within a healthcare environment, so please observe the following:

1. **Never rush around**
   always take your time when moving around the unit.

2. **Take care when climbing any stairs that may be present in the unit**
   always hold on to the handrail; always use lifts where provided (except in the event of a fire).

3. **Never enter prohibited areas**
   if an area is off limits to you, it is for a reason.

4. **Take care when getting on and off your dialysis chair**
   ensure your clothing is not caught on anything before you stand up. Ideally you should put the chair in the upright position and lower to a comfortable level before getting off.

5. **Never leave items on the floor**
   they are a trip hazard to yourself, other patients and the staff; always keep personal belongings on the tables provided alongside your dialysis chair in the treatment area, or on your knee in the waiting areas.

6. **Do not walk around the unit without wearing shoes**
   you are more likely to slip in stockinged feet.

7. **Observe and follow any hazard warning signs**
   they are there to inform you of any hazards, which may be present.

8. **After treatment always take your time when leaving your dialysis chair**
   sometimes standing up too quickly can lead to light headedness, which could potentially make you lose your balance and fall.

9. **Pay attention and take your time when standing on and off the weighing scales**
   ensure your access to them is clear. If in doubt ask for assistance.
10. Never overreach to get something always ask for assistance, our staff are always happy to help.

11. If you accidentally spill something such as a drink please inform a member of staff immediately in order that it is cleaned up quickly to prevent anyone slipping.

12. If you wish to report any hazards which you see during your time within the unit, please inform a member of staff who will ensure that it is dealt with.

If you feel there are aspects of your treatment where additional assistance may be required please inform a member of staff.

• Smoking
Smoking is not permitted on any part of the premises, entrances or grounds of Fresenius Medical Care Renal Services at any time. Where units are located on NHS premises, local agreement and designated areas apply.

• Fire Evacuation
The possibility of a fire occurring is highly unlikely; however it is important that you are familiar with the evacuation procedure and location of emergency exits. You should receive information about the fire evacuation procedure when you begin your dialysis with us.

• Behaviour and tolerance
Fresenius Medical Care Renal Services has a statutory obligation to provide a safe and secure environment for its staff and others as well as a moral duty to take all reasonable steps to protect and support its staff. Any form of violence, abusive, racist or sexist behaviour against its staff, patients or visitors will not be tolerated.

• Protecting and safeguarding individuals
Fresenius Medical Care recognises its responsibility to prevent the abuse of Vulnerable Adults, and Children at risk. All employees have a duty of care to safeguard those in their care. Healthcare professionals have a key role in safeguarding, firstly in the identification of abuse, harm and neglect, and secondly responding appropriately to it. Safeguarding is integral to complying with legislation, regulations and delivering effective safe care.
• **What is abuse?**
  Abuse can be physical, sexual, verbal, financial, and psychological or an act of neglect or discrimination. Anyone can be an abuser e.g. relatives, professional staff, friends or other service users, and it can take place in any setting.

• **Signs of abuse**
  Examples can include:
  - Unexplained injuries, multiple bruising, abrasions or finger marks
  - Withdrawal, mood changes, extreme anxiety, low self esteem
  - Deterioration of health for no apparent reason
  - Inadequate clothing, hygiene needs not being met
  - An unwillingness to be alone with a particular carer
  - Unwillingness of a carer to allow access to a person

If you or another person are being abused or suspect abuse:
Tell someone you can trust as soon as you can e.g. relative, friend, member of nursing staff, social worker.

Your unit staff can give you a list of useful local contact numbers on request e.g. social services, police, age concern. You do not have to tell them the reason for your request.

What happens next?
• If you tell a member of unit staff they will inform their line manager.
• They will document what you have told them.
• Advice will be sought from the local social services who will help and support you to stop the abuse from happening.
Hygiene and Infection Control

Just as health and safety is important so is hygiene and infection control. There are many ways in which you can help to minimise the risk of infection when you are at the dialysis unit.

- Always use the hand rub when you arrive and leave the unit
- If you have a fistula, always wash your access arm before your dialysis treatment begins, sinks are located close to your station
- If you bring in any food with you, keep this at your own station and don’t share with other patients
- Keep bags away from the top of trolleys and bins
- Always ask the nurse for gloves if you are handling your own access site and always ensure your hands are clean on leaving your dialysis station
- Understand the difference between the waste bags – black is general waste and the coloured bag (yellow or orange) is clinical waste such as used dressings and lines. The yellow boxes are for the disposal of sharp items
- Finally, remember to always use the foot pedal to open the bin not your hands
- Do not place anything on top of any bins or boxes.
You probably already know what the kidneys look like and where they are in your body. It’s important to also know what the kidneys do for the body. Once you know this, you’ll understand what the nursing team and you yourself must do to ensure you continue to feel well far into the future.

The kidneys are bean-shaped, about the size of the fist, sitting beneath the lowest rib. They perform many vital tasks for the body, these include:

- They expel excess water and metabolic end-products (waste) out of the body as urine
- They play a central role in regulating blood pressure
- They play an important role in blood formation and the development of bones

How does dialysis work?

It replaces some of the functions your kidneys normally perform, such as the removal of extra water from the body and the removal of waste products that build up in the blood stream.

What does Haemodialysis do?

Haemodialysis is a treatment that replaces some of the functions your kidneys normally perform, such as the removal of extra water from the body and the removal of waste products that build up in the blood stream. When your kidneys are not working properly, waste products and fluid build up in your blood and can cause:

- Sickness and vomiting
- Loss of appetite and weight loss
- Hiccoughs
- Anaemia
- Trouble sleeping
- Tiredness
- Itching
- Leg cramps at night
- Swelling, often of your ankles
- Difficulty breathing

Dialysis will help you manage these problems. However if you are not receiving enough dialysis this will show up in your blood results and you may still suffer some of these problems. Getting the right amount of dialysis is important as it has been proven to make you feel better and live longer.
How does dialysis work?

When a person has kidney failure the haemodialysis machine and dialyser, (also known as an artificial kidney) work together to take over some of the work that the kidneys can no longer manage. This work includes the removal of toxins or waste products and excess water from the blood. You may hear unit staff referring to these processes as clearance and ultra filtration.

To enable these processes to happen your nurse will programme the dialysis machine according to your dialysis prescription. This will include your treatment time and amount of excess fluid to be removed. You will then be connected using bloodlines and your ‘dialysis access’ which may be a fistula, graft or catheter.

Throughout the haemodialysis treatment your blood is then pumped by the machine from your access through the bloodline circuit and dialyser. The dialyser is made up of a semi permeable membrane – toxins from the blood pass through this semi permeable membrane in the fluid that flows through the dialyser. This fluid is called dialysate.

Pressure inside the dialyser ‘squeezes out’ any excess fluid. The toxins and excess fluid then go down the drain whilst the blood is returned to you. This process is continuous during treatment but only a small amount of your blood is in the circuit at any one time.

Your nurse programmes the machine according to your Consultant Nephrologists’ prescription; this ensures you receive the correct haemodialysis treatment. Your individual prescription is based on your blood results.

How much dialysis do I need?

It is found that to live longer and stay fit and healthy most people need haemodialysis three times a week. Each dialysis session
should last at least four hours making a total of 12 hours of dialysis each week. It is therefore very important to complete your full treatment and not come off the machine early.

**What are the complications associated with haemodialysis?**

Between treatments the levels of toxins in your blood rise. During dialysis these levels can drop quickly and can affect people in different ways. Haemodialysis patients can experience some or all of the following:

- Dizziness
- Feeling sick
- Headaches
- Muscle cramps

Many patients do not experience any of these complications and dialyse with no ill effects at all. The nurses will be monitoring you closely during your dialysis treatment. If you experience any of these complications or feel unwell during your treatment it is very important to alert a member of the nursing team immediately.

The symptoms described are commonly due to hypotension (low blood pressure). This can be caused by taking too much fluid off you during your dialysis or by removing it too quickly. Your nurse can adjust your treatments to minimise these occurrences but carefully adhering to your fluid restriction will help reduce the risk of these symptoms occurring.

Blood pressure medication can also make a difference to how you feel on dialysis and along with the fluid removal can cause your blood pressure to fall. If this happens your Consultant Nephrologist can discuss your medication with you and make any necessary alterations to your prescription.

Muscle cramps are again related to the fluid removal but also the removal of salt. Your nurse can adjust your dialysis to help alleviate these symptoms.
Vascular Access

Vascular Access means access to your blood so we can perform dialysis. There are different types of access – fistula, graft or haemodialysis catheter – and the Consultant Nephrologist at your renal unit will advise on the best option for you. A fistula or graft is usually formed a few weeks before you need to start dialysis.

**Fistula**
(also know as an AVF or Arterio Venous Fistula)

A fistula is the best form of access for most patients because it lasts longer and has fewer problems such as clotting or infection. It requires a small operation to join an artery and vein together, usually in your arm. A large vessel will then develop over a 4-6 week period and this will then allow for dialysis needles to be inserted each dialysis session so you can be connected to the dialysis machine.

**Graft**

A graft is the second best choice to a fistula. This requires a small operation where a soft synthetic tube is attached to an artery and vein, joining them together. This type of access is often made if your own blood vessels are too small to make a fistula.

Patients with a fistula or graft can use a local anaesthetic spray (Xylocaine), cream or injection to help reduce any discomfort that may be associated with insertion of the needles. We can provide the injection and your GP can prescribe Emla cream or Xylocaine spray.
Caring for your fistula or graft

It’s really important to look after whichever type of access you have carefully so please follow the instructions you receive from your nursing team.

• **Do** check the buzz at least once daily. If you can’t feel the buzz, you must contact the renal unit immediately as your fistula/graft may have stopped working. Do not wait until your next dialysis treatment

• **Do** keep your fistula/graft area clean by washing it with soap and water every day

• **Do** report any increased pain, swelling, bruising, bleeding or increased heat over the area to the nurses on the dialysis unit

• **Do** remove old dressings from cannulation sites when it is safe to do so (nursing staff will advise)

• **Do** check the buzz if you feel dizzy or if your blood pressure is low

• If possible, wash your fistula or graft site when you arrive at the unit for treatment or ask for assistance to do this

• **Do** not wear restrictive clothing and jewellery over the access site

• **Do** not carry heavy objects with a fistula or graft arm

• **Do** not expose to extremes of hot and cold temperature

• **Do** not allow any blood samples, injections or blood pressure readings to be carried out on your fistula or graft limb

• **Do** not allow yourself to become dehydrated

• **Do** not sleep on an access arm
Haemodialysis catheter

Haemodialysis catheters are usually only used as a temporary access as they carry more risks of infection. A small plastic tube (the haemodialysis catheter) is inserted into a large vein, usually in the neck or in a vessel running alongside your collarbone.

Caring for your Haemodialysis catheter

• A haemodialysis catheter may be referred to by different names including a line, Permcath or central venous catheter (CVC)

• The exit site refers to where the catheter enters your skin

• To help keep the catheter secure and to reduce the risk of infection a dressing should cover the exit site at all times

• The catheter should always be kept dry as a damp catheter provides the ideal environment for bacteria

• Anyone using the catheter or touching the catheter exit site must first wash their hands this includes the patient, or healthcare staff

• Contact your dialysis unit immediately if you note any swelling, pain, redness, or oozing from the exit site or if you have a temperature

• If there is bleeding from the exit site apply pressure and contact the dialysis unit for advice. If bleeding is heavy or doesn’t stop when applying pressure call 999 to obtain prompt medical attention

• Do not pull/tug the catheter as it may become dislodged. If playing sports tape the line securely to your chest. Contact sports are not advised

• Your dialysis catheter should only be used for dialysis unless there is a medical emergency
Blood tests are performed routinely and show how effective your dialysis is and how you are responding to your diet and medications. A group of blood tests are taken every month to monitor certain substances in your blood. Your Nurse, Consultant and Dietician review the results each month. The results, and any change in your treatment will also be discussed with you. Monthly blood tests usually include the following:

- **Urea** – measures how well you are dialysing and gives an indication of the amount of protein you are eating.
- **Calcium & Phosphate** – monitored to enable you to be prescribed the right dose of phosphate binders. Getting those levels right will help reduce or correct renal bone disease.
- **Potassium** – too high or too low can have an adverse affect on your heart.
- **Sodium** – low levels can cause cramp; high levels can cause thirst, fluid gains and high blood pressure.
- **Albumin** – an indication of how well nourished you are.
- **Haemoglobin** – Hb is the level of red blood cells in your body. Too few (a low Hb) means you are anaemic. Your Consultant Nephrologist will prescribe your Erythropoietin (EPO) dose dependant on this result.

It is a standard safety procedure in all UK haemodialysis centres to test for a number of infections (viruses) that are transmitted in the blood. These include Hepatitis B Virus (Hep B), Hepatitis C Virus (Hep C), and HIV. These tests are taken when you first commence haemodialysis treatment and thereafter approximately every 3 months for Hep B and C and annually for HIV although this may vary depending on your own unit’s specific schedule. Should you go for holiday dialysis abroad the frequency of these tests is also likely to increase for a short time on your return.

Your Consultant Nephrologist may ask for other blood tests to be taken from time to time, these will be explained to you by the doctor or your nurse.
Having kidney failure and needing to be on haemodialysis means adapting your lifestyle. How you handle the changes and your feelings are important factors in maintaining your health.

The staff at your dialysis unit can offer you advice and support through difficulties you and your family may be experiencing. The staff can also put you in contact with other support workers such as a social worker should you request it.

You are encouraged to lead as normal a life as possible whilst maintaining your dialysis diet and regime. This will help you cope with the changes your illness has brought to your life.

**Commonly asked questions**

Here, we answer some of the common questions we receive about living with haemodialysis.

**Can I work or go to college as normal?**

You are encouraged to return to your occupation or continue with your education. Every effort will be made to arrange your dialysis around your work or college schedule. The nursing staff will advise you as to any particular care that should be taken with your access.

**Will my sex drive be affected?**

Possibly, many patients experience a decrease in sexual activity due to changes in physical and emotional health. Impotence may occur. If you have any problems please do seek advice. You can, if you wish, choose to talk to a member of staff who is the same sex as you. There may be medical intervention that might be of help to you or you could ask to discuss your problems with a trained counsellor.

**Am I able to eat out?**

Yes. You can eat out even though you are on a renal diet, by following the advice given to you by your dietician and nurses. If you are eating out for one meal you can always adjust the amount of other food eaten at home on that day. Be especially careful with drink and food containing fluid for example sauces, gravy and custard as this can often be your biggest temptation when socialising.

**Can I still do regular exercise?**

Yes. A regular exercise programme has many benefits for a dialysis patient. Physically it can increase red blood cells and as a result increase your energy levels. It may also lead to improved muscle strength and a lower level of blood fats. Psychologically, exercise can lower anxiety, improve self-esteem and give you a sense of control over your body.

**Can I still go on holidays?**

Yes. Being a dialysis patient doesn’t mean you cannot travel for business or pleasure. It does mean you will need to make plans to receive treatments in a dialysis centre near where you are visiting. Your nurse can help make these arrangements.
Holiday dialysis and you

- What do I do first?

The first thing you need to do is decide where you would like to go and then find a dialysis centre in that area, which can provide you with holiday dialysis. Do not confirm any bookings or pay any holiday deposits before this has been done.

- Where can I go?

Your local unit or kidney patient associations should be able to advise you of dialysis units in other areas both in the UK and abroad. Many of the Fresenius Medical Care Renal Services units will offer holiday dialysis. If you are going on holiday within the European Union e.g. Spain, France, Canary Islands etc., you will need a European Health Insurance Card (EHIC).

Information on where to find this form is given below:

Online: www.ehic.org.uk

Telephone: 0845 606 2030

Or collect a form from your local post office.

The EHIC is normally valid for three to five years and covers any medical treatment that becomes necessary during your trip, because of either illness or accident. The card gives access to state-provided medical treatment only and you’ll be treated on the same basis as an insured person living in the country you’re visiting. Remember, this might not cover all the things you’d expect to get free of charge from the NHS in the UK. You may have to make a contribution to the cost of your care. The EHIC also covers any treatment you need for a chronic disease of pre-existing illness. You need to make arrangements in advance for kidney dialysis and oxygen therapy.

It is also important to take out travel insurance, which covers you for a pre-existing medical condition. Most standard policies do not provide this cover. The National Kidney Federation website has a list of companies that may be able to help if you have problems getting insurance. It is advisable to sort out insurance before you book your holiday.

How long does it take to arrange?

You are responsible for arranging your holiday, the staff will help you by ensuring that the correct documentation is sent to your holiday unit in good time. You need to give your unit at least two months notice to enable them to do this.

If you have any queries the team at your unit are only too happy to help you. Happy Holidays!
Haemodialysis patients require a special diet, which helps reduce waste products building up in your bloodstream between dialysis sessions. The dietary information you are given has the potential to reduce complications associated with your treatment and therefore has the benefit of improving your overall health. You will see a dietician at regular times either at your regular Consultant Nephrologist appointment or at your unit. Your dietician will give you advice on what foods you may eat and what drinks to take and to avoid. Some of this advice is general to most patients on dialysis while some will be tailored to your individual needs as determined by your blood results. We have focused on the nutritional areas which are of relevance to all patients – sodium, protein and fluid restriction.

Sodium
Sodium (salt) is a mineral found in nearly all foods and helps the body maintain its water balance and regulate blood pressure. Too much sodium can cause thirst, water retention and high blood pressure. The main source of sodium comes from adding salt to your meals and in processed foods and ready meals. This means you should not add salt to your food. We do not recommend that you use salt substitutes as these contain potassium. Your dietician will be able to give you very clear advice on what foods to avoid or limit. When you are shopping, check the label to see how much salt is in the food per 100g. Then you can work out if the food is high, medium or low in salt using the figures below.

<table>
<thead>
<tr>
<th>Salt</th>
<th>Eat occasionally or as a treat</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>over 1.5g</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>between 0.3g and 1.5g</td>
</tr>
<tr>
<td>LOW</td>
<td>0.3g and below</td>
</tr>
</tbody>
</table>

Protein
Protein is required for the growth, maintenance and repair of body tissues. The kidneys normally remove the breakdown products of protein from your body. When the kidneys fail this function is lost. Haemodialysis removes this waste protein (urea). It is important for you to eat protein but too much can make you feel sick, tired and itchy. The protein intake you need is very specific to you and the dietician will discuss with you exactly what amount is right for you.

Fluid Restriction
Controlling your fluid intake is an important consideration when you are having haemodialysis. The amount of fluid you are allowed differs from person to person and depends how much the kidneys are making and the amount of urine you are passing each day. This may decrease over time. Fluid removal is therefore a vital part of your treatment, however the dialysis machine can’t remove as much fluid as the kidneys would naturally remove. Watching your fluid intake is important as fluid overload may put a strain on your heart.

As a general rule, the amount of weight you can gain safely depends on your body size. Between dialysis sessions try not to exceed...
a weight increase of 2-3kg above your dry weight. Always stick to the advice given by you by your healthcare team.

Your fluid allowance includes everything that you drink including tea, coffee, milk, squash, fizzy drinks and alcohol. Remember that fluid is also found in food such as yoghurt, ice cream, gravy, soup and jelly.

Potassium

Potassium can be very important for some renal patients. Potassium helps the nerves and muscles in your body function properly and extra potassium is normally removed by your kidneys. Too much potassium can have an effect on your heart. You may need additional information on this depending on your blood results, however your doctor or dietician will advise.

Phosphate

Phosphate can also be important for some renal patients. Phosphate is a form of the mineral phosphorous and is needed to make, maintain and repair bones. The kidneys control the amount of phosphate in the body, however as kidney failure progresses, the kidneys lose their ability to do this. Most people on dialysis will need to eat less phosphate in order to control the level in their blood however your doctor or dietician can advise you on this.

Breads, Cereals and Potatoes

Bread, cereals and potatoes contain carbohydrate (starch) which provides us with energy, fibre and some vitamins and minerals. These foods should be included in each meal to provide a constant energy supply. Higher fibre choices such as wholemeal, granary and rye breads, oats and wholegrain cereals such as weetabix, are recommended rather than more refined choices such as white bread, rice krispies etc. Higher fat, lower fibre options such as chips, roast potatoes, waffles, hash browns, sugar or chocolate coated breakfast cereals, fried rice, and pasta with creamy sauces should be eliminated where possible, or kept to a minimum.

Fruit and Vegetables

All fruits and vegetables are low in phosphate. If you are on a potassium restriction, remember to follow your low potassium advice regarding fruit and vegetable intake and limit to no more than 5 servings per day. Most fruit and vegetables contain some potassium, however potassium is lost if they are boiled when cooked. To retain the potassium content of your vegetables when you cook them you may wish to steam, bake or microwave them (with minimal water). Fruit and vegetables provide protection against heart disease from the antioxidants and the soluble fibre they contain.
For new patients we want to reassure you about your forthcoming journey at one of our dialysis units. For patients who have been dialysing with us for some time, you will have already developed a relationship with the nursing staff and other patients.

**Patient Satisfaction Survey**

One way you can give us your feedback is through our annual Patient Satisfaction Survey. This is handed out to all our patients in all our units and is your opportunity to give us feedback on your dialysis unit, your dialysis arrangements and the staff.

The survey results are shared with the local NHS renal unit and the Care Quality Commission. A summary of the results and actions will be shown on the patient notice board.

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**How to make a complaint**

If you or your family/carer wish to make a complaint please speak to a member of staff from the unit or put it in writing and address it for the attention of the Clinic Manager. Fresenius Medical Care Renal Services value the comments and suggestions from patients and their families as we are continuously striving to improve our services to you.

Should any patient, relative or visitor wish to make a complaint or a suggestion the following guidelines, which have been based on the National Health Service procedure should be followed:

Should you wish to make a complaint regarding your care you should initially refer it, in writing or verbally, to your Clinic or Unit Manager who will acknowledge receipt within two working days of receiving the complaint.

All complaints will be sympathetically dealt with within two weeks or where an investigation takes longer a letter of explanation will be sent. Once the complaint has been investigated you will receive written confirmation of the investigation and actions taken.

If you are not satisfied with the explanation and want the matter investigated further, you should write to:

**Clinic Services Director**

Fresenius Medical Care Renal Services Ltd
Facet Road
Kings Norton
Birmingham
B38 9PT
You are also entitled to make a complaint to the Care Quality Commission (CQC) who will investigate any issues. The address for complaints to the CQC is displayed on the notice board in the waiting area. Staff will be happy to provide you with a full copy of the company complaints procedure should you request one. Your family members/carers may also make a complaint. In this case the above procedure should be followed. Should you or your family/carer wish to make a complaint the staff at your unit will provide support in how to follow the process.

A copy of all complaints will be sent to the Clinic Services Director and where necessary will engage the involvement of the Care Quality Commission.

As you are a NHS patient you can also use the NHS complaints procedure. If you are unhappy with the treatment or service you have received from the NHS you are entitled to make a complaint, have it considered, and receive a response from the NHS organisation or primary care practitioner concerned. The NHS complaints procedure applies to the NHS in England, except for NHS Foundation Trusts.

Every NHS trust has a Patient Advice Liaison Service (PALS) to help people have a say in their local health services. If you want to make a complaint about a trust, the PALS will explain how to do this and discuss ways of getting your complaint dealt with. It will also take up some types of complaints for you.

Contact your local PALS through the PALS website www.pals.nhs.uk or through the NHS Choices website at www.nhs.uk
Sources of Information

There are many national and local organisations that provide information and services to local kidney patients and their families. Your local Kidney Patient Association (KPA) or a member of your unit staff can help you with contact details.

National Kidney Federation (NKF)
The National Kidney Federation is the only UK charity run by kidney patients for kidney patients. Its aim is to promote, throughout the United Kingdom, the best renal medical practice and treatment, the health of persons suffering from kidney disease or renal failure, and to support the related needs of those relatives and friends who care for kidney patients.

A list of all the KPAs can be found on the National Kidney Federation website.
Tel: 0845 6010209
www.kidney.org.uk

British Kidney Patients Association (BKPA)
Founded in 1973 by Elizabeth Ward, whose son Timbo was diagnosed with kidney failure at the age of 13. The BKPA is concerned with helping the material and physical needs of patients and their families. It also lobbies for improved facilities, increased Government funding and the need for kidney doctors.
Tel: 01420 541424
www.britishkidney-pa.co.uk

Other organisations
You may find the following organisations useful:

Diabetes UK
www.diabetes.org.uk

Royal National Institution for the Blind
www.rnib.org.uk

British Heart Foundation
www.bhf.org.uk

Blood Pressure Association
www.bpassoc.org.uk

Health and Social Care Act 2008
As an independent provider of health care we are regulated by the Care Quality Commission (CQC). We must comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health care services have a right to expect. Our compliance with these essential standards is continuously monitored by the CQC.