The impact and sustainability of a holiday dialysis facility.

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Introduction

Everyone should be able to live well with kidney disease. The benefits of holidays and respite breaks are well recognised however the logistics are an ongoing challenge for our patients. In addition there is uncertainty about the impact of Brexit on reciprocal healthcare arrangements.

As this dialysis unit approaches its 50th anniversary in 2020 we have reflected on the impact and sustainability of a dialysis facility specifically for holiday dialysis.

Purpose

This unit’s first dialysis caravan was in use in the 1980s. It was based on the South Coast and had 1 dialysis machine. This was at a time when home HD was less popular and only represented a small patient population. This caravan allowed patients, unit or home, to go on holiday supported by staff to use this facility. This facility became unsustainable and was no longer in use in the early 1990’s.

More than a decade ago a new caravan was designed and commissioned supported by fund raising.

Design

The caravan was purpose built to fit two dialysis stations and was able to be easily transported to any site. The caravan has all the necessary dialysis equipment, Freeview TV, a toaster and tea and coffee making facilities.

Finding a site for the caravan proved tricky at first due to concerns from site owners about what the caravan would be used for and how it may affect business.

We found a site in North Wales in 2008. The caravan was available at any time during the season for our now large population of home haemodialysis patients to “drop in” and twice a year it is staffed to enable in-centre patients to have a holiday.

When in use we alert the closest Renal Units in case of emergency.

It proved extremely popular and in 2010 a second van was designed and positioned on a site in North Devon.

Findings

The caravan was first used by one of our home HD patients in 2008. Since 2008 over 200 patients have utilised the dialysis facility for holidays.
The caravans use by home patients has fallen with the development of new machine technology which has meant travel is an easier option. Unit patients continue to use it and we now try and staff this for 3 weeks of the year. In addition it has become popular again with home patients and their carers increasingly using it as respite.

Patients have fed back that the caravan has provided more freedom and flexibility for going on holiday and that dialysing in the caravan has increased their confidence.

The in centre patients “feel safe” as they have staff they know looking after them. They say advantages include not having to worry about where to find the nearest hospital, car parking and booking months in advance somewhere near to where they may be staying on holiday.

Conclusion

This is an example of how for over a decade a team has supported patients to live well with kidney disease.

Uncertainty about the impact of Brexit on travel for our patients could mean this sustainable solution is one that could be extended across the UK.