

From the Deputy Chief Medical Officer  
**Dr Paddy Woods**

**Circular HSC (SQSD) (NICE NG107) 34/18**

**Subject: NICE Clinical Guideline NG107 – Renal replacement therapy and conservative management (updates and replaces CG125 and TA48)**

**For action by:**

Chief Executive of HSC Board – **for distribution to:**

All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – **for cascade to:**

Head of Pharmacy and Medicines Management  
Family Practitioner Services Leads – for cascade to relevant  
Family Practitioner groups

Chief Executive of Public Health Agency – **for distribution to:**

Director of Public Health and Medical Director – for cascade  
to relevant staff  
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – **for distribution to:**

Medical Directors – for cascade to relevant staff  
Directors of Nursing – for cascade to relevant staff  
Heads of Pharmaceutical Services – for cascade to relevant  
staff  
Directors of Acute Services – for cascade to relevant staff  
HSC Clinical and Social Governance Leads  
Directors of Social Services – for cascade to relevant staff  
Directors of Finance – for cascade to relevant staff  
AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – **for cascade to:** relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

**For Information to:**

Chair of HSC Board  
Chair of Public Health Agency  
Chairs of HSC Trusts  
Chair of RQIA  
NICE Implementation Facilitator NI  
Members of NI NICE Managers' Forum

**Summary of Contents:**

This guideline covers renal replacement therapy (dialysis and transplantation) and conservative management for people with chronic kidney disease stages 4 and 5. It aims to improve quality of life by making recommendations on planning, starting and switching treatments, and coordinating care.

**Enquiries:**

Any enquiries about the content of this Circular should be addressed to:

Quality Regulation and Improvement Unit  
Department of Health  
Room D1.4  
Castle Buildings  
Stormont Estate  
Belfast  
BT4 3SQ

[SGU-NICEGuidance@health-ni.gov.uk](mailto:SGU-NICEGuidance@health-ni.gov.uk)

**Circular Reference: HSC (SQSD) (NICE NG107) 34/18**

**Date of Issue: 27 November 2018**

**Related documents:**

HSC (SQSD) 3/13  
HSC (SQSD) (NICE CG182) 21/14

**Superseded documents**

NICE Clinical Guideline CG125 - Chronic kidney disease (stage 5): peritoneal dialysis

**Status of Contents:**

Action

**Implementation:**

As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

**Additional copies:**

Available to download from  
<https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice>

## Dear Colleagues

### **NICE Clinical Guideline NG107 - Renal replacement therapy and conservative management (updates and replaces CG125 and TA48) -**

<https://www.nice.org.uk/guidance/ng107>

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in circular HSC (SQSD) 3/13, the following actions should be taken (<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf>)

1. HSC Board / PHA
  - a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
  - b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
  - c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
  - d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DoH as required at 6 monthly accountability meetings.
2. HSC Trusts
  - a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
  - b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
  - c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
  - d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.
3. RQIA
  - a. Disseminate the Guideline to the independent sector as appropriate.
4. HSC Special Agencies and NDPBs
  - a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.

A full current list of NICE guidance endorsed for application in Northern Ireland can be found on the Department's website at <https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice>

A handwritten signature in black ink, appearing to read 'Paddy Woods', written in a cursive style.

**Dr Paddy Woods**  
**Deputy Chief Medical Officer**

## Appendix 1

### Endorsed NICE guidance - Details from Departmental review

Reference Number	NICE Clinical Guideline – NG107 <a href="https://www.nice.org.uk/guidance/ng107">https://www.nice.org.uk/guidance/ng107</a>
Title	<b>Renal replacement therapy and conservative management</b>
Summary of guidance	<p>This guideline updates and replaces NICE Clinical Guideline <b>CG125</b> - Chronic kidney disease (stage 5): peritoneal dialysis (endorsed by DoH in May 2012) and NICE Technology Appraisal <b>TA48</b> - Guidance on home compared with hospital haemodialysis for patients with end-stage renal failure, which was published by NICE in September 2002 prior to the Department's link to the Institute.</p> <p>The guideline covers renal replacement therapy (dialysis and transplantation) and conservative management for people with chronic kidney disease stages 4 and 5. It aims to improve quality of life by making recommendations on planning, starting and switching treatments, and coordinating care.</p> <p>The guideline includes recommendations on:</p> <ul style="list-style-type: none"> <li>• indications for starting dialysis</li> <li>• planning and choosing treatments</li> <li>• switching or stopping treatments</li> <li>• recognising symptoms</li> <li>• diet and fluids</li> <li>• information, education and support</li> <li>• coordinating care</li> </ul> <p><b>NICE has also produced Clinical Guideline CG182 - Chronic kidney disease in adults: assessment and management (endorsed by DoH in September 2014) - <a href="https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-nice-cg182-21-14.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-nice-cg182-21-14.pdf</a></b></p>
Related strategically relevant DoH/ HSC policies	None
Inter-Departmental interest	None

Legislative / policy caveats	This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.
------------------------------	---