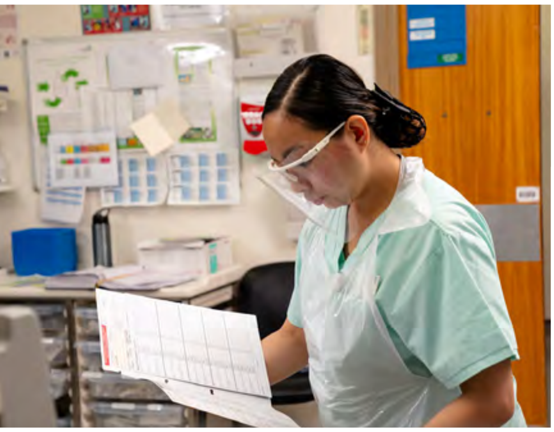
NHS
Bradford Teaching Hospitals
NHS Foundation Trust



Haemodialysis



at St Luke's & Skipton Hospitals



Welcome to the Haemodialysis Units at St Luke’s and Skipton Hospitals

A very warm welcome to you from all of us in the haemodialysis team. We look forward to getting to know you and your family, and working closely with everyone involved in your care, including your GP and the community team.

We currently have haemodialysis units at St Luke’s Hospital and in Skipton. Our Skipton Satellite Unit, situated in Skipton General Hospital, is a nurse-led unit providing haemodialysis treatment for patients in Skipton and surrounding areas.

It is very important to us that you feel at home from the very start of your treatment. The team will run through all of the important checks to make sure that you receive the best possible care. We are very keen to involve you as much as possible in your own care, and towards this we have created a dedicated area for new starters in our main unit at St Luke’s Hospital. We have been able to do this with the support of Sovereign Health Care and the Friends of St Luke’s volunteer group, to whom we are very grateful.

We also wish to share this welcome booklet with you, which highlights key aspects of the care that you will receive in our haemodialysis units at St Luke’s and Skipton. This is very much a living document and we are grateful to a number of patients who have contributed to its content. The booklet also provides useful links to more in-depth information, as well as contact details for people who can answer any other questions you might have. We will continue to update the welcome booklet based on your feedback.

Please feel free to ask any questions and share your suggestions for how we can further improve the service we provide for our patients - it’s what we are here for and your feedback will be much appreciated.

Contents

1. What is haemodialysis?

Kidneys clear waste products and excess salts and fluids from the body. When the kidneys are not working properly, waste products and water can build up in the body and can make us feel unwell. We can use dialysis treatment to remove these waste products and excess water from the body.

Haemodialysis involves taking small amounts of blood from the body and passing it through a type of filter. This is called a dialyser or artificial kidney. The filtered blood is then returned to the body.

Most people have no problem with dialysis but some people get symptoms such as dizziness, nausea, headaches, tiredness and leg cramps during or after treatment. Please let your care team know about these symptoms if they occur, so we can make appropriate adjustments to your treatment.

1.1 Haemodialysis at St Luke's and Skipton Hospitals

Attending for Haemodialysis

Patients attend the unit for haemodialysis 2 to 3 times a week. Treatment sessions are scheduled as follows:

Morning – starting at 7.00am

Afternoon – starting at 12.15pm

Twilight – starting at 5.15pm

The nurse in charge will try to arrange dialysis sessions according to your personal preference. Your treatment session will usually run for 3 to 4 hours depending on your needs.

Patient transport and parking permit

Transport can be arranged if your medical condition means you are unable to make your own way to the unit for dialysis. You should be aware that you may need to wait a little time after your dialysis session has finished before the transport team is available to take you home. It may be more convenient to arrange your own transport, or to use public transport. More information on patient transport can be found in our transport letter. Please ask the staff for details.

If you are coming to St Luke's hospital using your own transport, and your vehicle registration number has been shared with the Dialysis Unit the barrier to the car park will raise automatically. Please speak with the Dialysis Unit staff to arrange this.

There are no parking charges at Skipton so no permit is required for Skipton haemodialysis patients.

Your medical care on the Haemodialysis unit

There will be a named Kidney Doctor responsible for your care. They will review you regularly to discuss your progress and support your needs.

You will have regular blood tests taken from your dialysis fistula or line to monitor your dialysis treatment. If you wish to look at these results you can do so by registering online for **Patient Knows Best: www.patientknowsbest.com/renal**. We also do blood tests to check that you are immune to Hepatitis B and if needed we offer Hepatitis B vaccinations as per national recommendations.

From time-to-time your Kidney Doctor may recommend a change in your medications. With your verbal consent, we communicate through your own electronic health record (SystmOne) to your own GP. Please tell us if any medication is started or stopped by your GP or another healthcare professional.

Please continue to access your GP services about any general issues and concerns that are not related to your dialysis treatment. Please continue to use emergency services as before if you become unwell whilst away from the dialysis unit. If you feel too unwell to attend for your dialysis session, please call and take advice from the dialysis unit. Please do not miss any of your dialysis sessions without first seeking medical review and advice.

If you are admitted to hospital please let the team know you are a dialysis patient and ask them to contact the acute dialysis unit (ADU) team at BRI. If you are admitted to Airedale General Hospital (AGH) you will need to be transferred to the ADU at BRI for dialysis treatment, as inpatients generally cannot have dialysis at Skipton. Depending on the reason for admission to AGH, we may advise that you inpatient care is transferred to Bradford to allow you to have the dialysis and the medical care you require.

Shared Haemodialysis Care: Take your life back

Patient involvement in the management of long-term conditions leads to a greater sense of control and self-confidence.

The goal of Bradford's Shared Haemodialysis Care programme is for you to do as much or as little of your dialysis care as you wish. This includes helping to set up your dialysis equipment through to connecting yourself to your dialysis machine. You may also then decide that you prefer to have your dialysis treatment at home. But the main aim is for you to have a sense of control of your care and to understand and be confident about your treatment. We will discuss this with you and you may also wish to visit: **https://www.shareddialysis-care.org.uk** for more information.

The following commentary about Shared Haemodialysis Care comes from one of our longstanding patients.

As a dialysis patient of 15 years (how did that happen?), I can say with confidence that one of the best decisions I've made in that time was to get on a "Shared Care Pathway

Exactly what "Shared Care" means is different for different patients depending on their own needs and levels of confidence. For me, it means doing my own blood pressure, putting my own needles in, and programming the dialysis machine once I've determined how much fluid I need to take, etc.

Ultimately, "Shared Care" allows you to do as much or as little as you want: other patients on the Shared Care Pathway come in early and line their own machines, some just set up their trolleys with the necessary equipment.

In short, it's up to you to do whatever makes you feel that your care is under the levels of control that you're happy with.

The main benefits of shared care have been both physical and psychological.

Physically, I feel less pain when my needles go in as I'm more sensitive to my own arm and can adjust what I'm doing based on what I'm feeling.

Psychologically, I feel a lot more 'normal' because of the control I have over my care and, by extension, my life.

When you first start dialysis, you find yourself playing quite a passive role as you are bombarded with information and have various things 'done' to you (lines inserted, needles stuck in, etc.). In my own case, this made me feel a bit like a piece of furniture that was being shuffled about – taking steps to be more active made me feel a bit more 'human' again and improved my experience overall.

I'd definitely recommend doing at least something towards supporting your own care (both in and out of the unit – exercise, for example, has also helped me massively).

You don't have to give yourself a kidney transplant or even put your own needles in, but by taking steps to do something for yourself, you'll feel a lot better."

Please see the link to our Shared HD Care video
https://bit.ly/3AIwbvd

Top 10 Tips for getting the best out of your Haemodialysis Session from one of our longstanding patients

If you need to attend for three 4-hour sessions of haemodialysis treatment each week, then you will be spending at least twelve hours with us (not including time for travel and waiting to go on the machine, etc.).

1: **Avoid Boredom:** Make an effort to bring something with you that is going to entertain you. It might be a book or a video game – just make sure it's something you look forward to spending time with.

2: **Bring Headphones:** Sometimes, you just need to hide from everything around you behind a wall of sound.

3: **Get to Know the Other Patients:** Show an interest in each other, share stories and experiences, and have a laugh. The time will go much quicker.

4: **Raise Your Concerns:** If you're worried about something or have questions about how things work then don't be scared to ask the nurses. There's a lot to take on board when you start dialysis and asking questions is the way to start understanding.

5: **Wear Layers:** Your temperature can change on dialysis – either up or down – so be prepared.

6: **Get on a Shared Care Pathway:** When you're ready you can start to do some aspects of your care yourself (as you're comfortable with). This will make you feel a lot better about yourself in general and show you that you're still your own person.

7: **Write Down Any Questions You Have for the Doctors:** You might have a few questions that arise about your care. Write these down so that when you do see the doctor you don't forget.

8: **Use the Time to Improve Your Life:** 12 hours a week is a lot. You can use this some of this time to do a course online, learn a language, write a book, draw/paint pictures, or whatever else you want to do. Learning a new skill on dialysis makes the time go quicker and also means you're making good use of the time.

9: **Don't Take Too Much Fluid:** Most of the time when people start to feel bad on dialysis it's because they've taken too much fluid. In my experience, it's always better to leave a little on-board than to take too much and dry yourself out. Your dry weight will change over time so don't be scared to discuss this regularly with the dialysis team. During dialysis you will be provided with a cup of tea and a pack of biscuits. You will need to inform the staff if you have any food allergies or intolerances. You are welcome to bring your own food onto the unit but there are no facilities to heat food. Please don't share this food with other patients.

10: **Remember You Still Have Your Life:** Make an effort to stay active outside of the unit. If you don't, you'll just start to feel like your life revolves around being on dialysis. If you stay busy, as healthy as possible, and active outside of the unit, the time you spend here will go by much quicker.

Kidney Beam

Kidney Beam is a new online resource that offers exercise, education and wellbeing programme specifically designed for people living with kidney disease.

Being active may not be the first thing on your mind as you start dialysis. However, being physically active can have many benefits including reducing blood pressure, improving muscle strength, improving heart health, and improving mental health.

We realise it can be hard to get motivated and feel safe when exercising, so if you are struggling to get started, have a look at Kidney Beam.

For some patients, dialysis can make activity more difficult, but some movement is better than none, so speak to your kidney team for support and do what you can within your own limitations.

On Kidney Beam you can watch videos or attend live group classes led by specialist health professionals and exercise instructors. There is something for everyone and activities range from exercises you can do while sat in your dialysis chair (not affecting your dialysis site), to yoga, Pilates or something of high intensity. It also contains some guided meditation sessions which may help create a moment of stillness in your busy day.

Best of all, it’s free and you can sign up today.

To get started, **visit:** **www.kidneybeam.com** and click “ Get Started”. Or scan the QR code below.

2. Dialysis at Home

Many patients appreciate the option of dialysing in the comfort of their own home. You can carry out the dialysis yourself or with the support of a family member or friend who has been trained to help you. Some patients feel this option gives them more control over their condition and more flexibility with work and family commitments. We will provide all of the support and training that you and your carers or family need. Treatment options include Home Haemodialysis and Peritoneal Dialysis.

2.1 Home Haemodialysis (HHD)

Benefits of HHD may include:

- Improved quality of life
- Flexible dialysis tailored to your specific needs
- Shorter and more frequent dialysis sessions, which may reduce any treatment related symptoms and allow you to adjust your renal diet with support from our renal dietetic team

You must have space for a HD machine, a small reverse osmosis (R/O) machine, a dialysis chair and a table, all of which will be provided for you. Your dialysis related electricity and water payments will be reimbursed.

Please discuss with the Home Therapies team if you believe it would be a good choice for you and your family and would like to explore this option further.

2.2 Peritoneal Dialysis (PD)

To perform Peritoneal Dialysis (PD), we need to place a soft tube (PD catheter) in your tummy (abdomen). The PD catheter is used to fill your tummy with a cleansing fluid called ‘dialysis solution’. The waste products in your body are able to pass into the dialysis solution, and so leave your body when the dialysis solution is allowed to drain through the PD tube.

PD treatment is done at home. You must have space for a PD machine, a table and space to store the bags of dialysis fluid.

Some patients start haemodialysis without having had an opportunity to hear about different forms of dialysis. If this is the situation for you, the Home Therapies team will be happy to talk to you about whether PD is suitable option for you.

If you are interested in dialysis at home, please speak to your Dialysis Nurse and/or Kidney Doctor.

3. Dialysis Away From Base (DAFB)

If you are having dialysis it does not mean that you cannot go on holiday. However, travelling can take a lot of planning as you will need to arrange dialysis treatment whilst you are away. This is usually known as dialysis away from base (DAFB).

Before any arrangements are made it is important that you discuss the holiday with your Kidney Doctor to make sure that you are fit enough to travel and dialyse away from the unit. You must have been on dialysis for a minimum of 6 months before holiday dialysis can be arranged.

It is important that plenty of notice is given before you travel. We would ask for at least 3 months for travel in the UK and approximately 6 months for travel abroad. You should share details of your proposed holiday destination with the Renal Services Manager who will then help you to identify a suitable local dialysis centre.

If you want to go to a 'high risk' country, it will be necessary for you to dialyse in quarantine on returning for a period of 3 months. This is to monitor for any infections you may have contracted whilst away. This will involve dialysing in a separate room in the St Luke's Haemodialysis Unit on an evening shift. We may not be able to keep your dialysis slot while you are away so we cannot guarantee that you will be in the same room or same shift on your return. There is a limit to how many patients we have in quarantine at any one time. Please speak with the Renal Services Manager or the nurse in your room for more information on DAFB.

If you are on the transplant list, you will need to let the transplant coordinator know that you are going abroad so you can be temporarily suspended from the list until you return. You will not lose any time points whilst you are off the list. If you travel to a 'high risk' country you will remain suspended for 12 weeks after you have returned until negative virology tests have been confirmed. For all other parts of the world, unless other factors put you at risk, you will usually be reactivated on the kidney transplant waiting list as soon as your virology tests are confirmed to be negative.

Please speak with the transplant team or your nurse for more information.

4. What is Vascular Access?

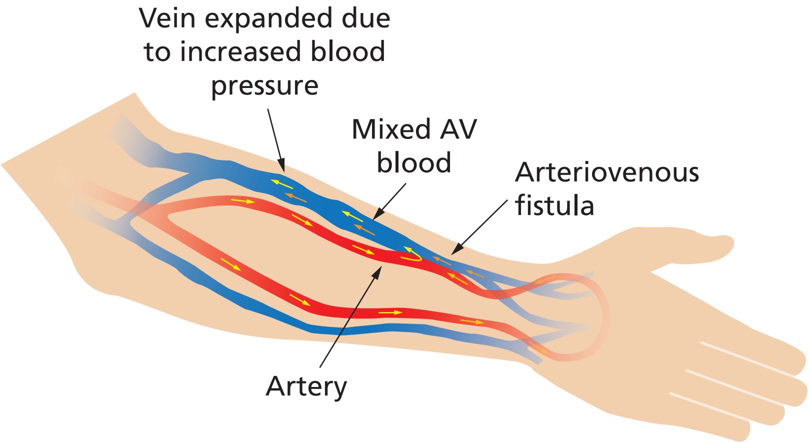
Vascular access refers to how we get the blood out of the body and into the haemodialysis machine. There are 3 different terms you will hear:

Arteriovenous Fistula (AVF)

An arteriovenous fistula is the gold standard. It gives a greater blood flow when compared to a central venous catheter, which increases the effectiveness of dialysis, in turn improving health and wellbeing. It is formed from your own blood vessels and so there is no plastic remaining in your body. Compared with other types of access, there is less risk of clotting and infection, so you are less likely to need hospital stays and antibiotics.

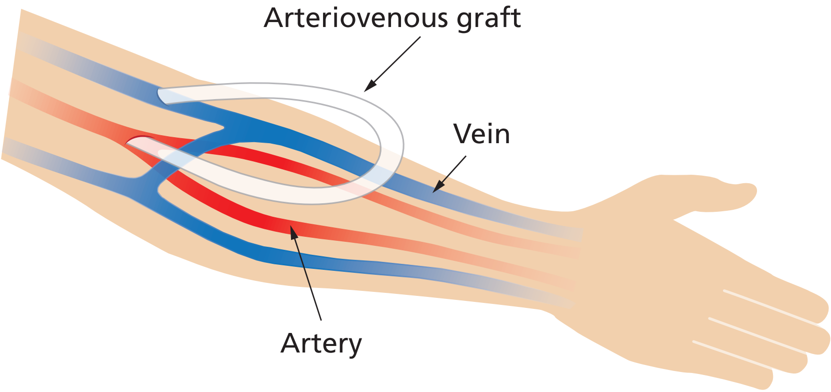
A fistula also allows you to continue most of your daily activities. You can have a deep bath or a long, hot shower, and go swimming – none of which are advisable with a central venous catheter.

If you have started dialysis with an AVF, you must request additional information about how to look after and monitor your AVF



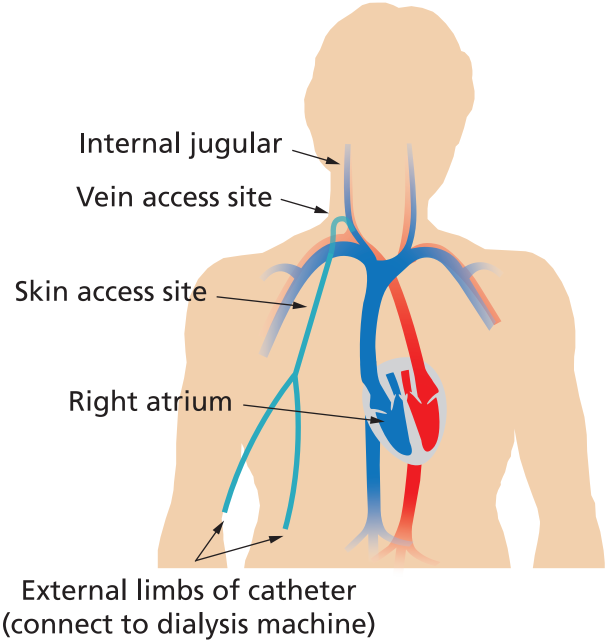
Arteriovenous (AV) Graft

An AV graft is the connection of a vein and an artery that uses a hollow, synthetic tube (the actual "graft"). One end of the tube is connected to an artery and the other end of the tube is connected to a vein. Grafts are considered mostly when a patient's blood vessels are not suitable for a standard AVF.



Central venous Catheter (CVC)

A central venous catheter is a soft plastic tube, which is inserted into one of the large veins in your neck or, occasionally, in your groin, and tunnelled under the skin. Lines carry a higher risk of infection and can also become blocked. If you have started dialysis with a CVC, you should discuss AVF formation with your nurse or consultant. You should also request a separate leaflet about how to look after your dialysis catheter.



Scan the QR code to view the "care of your fistula" leaflet

Scan the QR code to view the Haemodialysis access with a tunnelled line document

4.1 How do I look after my access?

Fistulas and Grafts

There are things you can do to reduce the chance of your fistula or graft from failing.

Exercising your hand on the side of your fistula may be helpful, for example, squeezing a soft ball for a few minutes a few times a day.

Check your fistula/graft every day and report:

- redness or tenderness
- change or disappearance of the buzzing/vibration sensations
- any swelling, blueness or pain of your hand

It is advised you should:

- Not wear tight fitting sleeves, bracelets or watches on your fistula/graft arm
- Not use your arm for carrying heavy weights
- Not allow anyone to insert a cannula, take blood samples or measure your blood pressure in that arm

Central venous catheter ('neck line')

As mentioned, lines increase the risk of introducing an infection. To reduce risks:

- Keep your line covered with a dressing and secured in place
- Keep your dressing dry
- Wash your hands before touching your line
- Avoid contact sports
- Do not allow anyone other than the dialysis team to use your line for blood tests
- Report any swelling, pain, fever, bleeding or discharge around the line or exit site

Emergency Advice

A. AV Fistula or AV Graft

You should not just rely on your dialysis team to detect a problem with your access. You should remain alert and highlight any concerns you may have about your access with your dialysis team. **Your vascular access is your lifeline**.

Blood loss from a fistula or graft can usually be controlled by applying pressure to the site. In rare cases the bleeding is not resolved. However, sometimes bleeds do not resolve and can become life threatening very quickly. **Life Threatening Bleeds (LTBs) sometimes occur spontaneously at home between dialysis sessions, away from the clinic and caregiving team, so it is vital that patients and carers immediately take action and alert others**. Time is of the essence and without the correct actions death can unfortunately result within minutes.

The priority with a life-threatening bleed is to get help; do not delay whilst trying to stop the bleed, as loss of consciousness through blood loss can occur quickly. The focus is to stop the bleed and not to preserve the function of your fistula or graft. Alternative access can be created. Remember: there is only one you.

1. **If a bleed from a fistula or graft cannot be stopped with direct pressure over the affected area, avoid using large absorbent dressings and/or towels**, as this will reduce pressure applied and its effectiveness to control the bleed.
2. **Locate your bottle top and apply hollow side facing your skin, maintaining pressure**. By applying the bottle top to the bleed in this way you have sealed the bleeding area which will encourage the blood to clot more swiftly (we will show you and your carers how to do this). **Get help from anyone that is around. Ring 999 and ask for paramedic assistance** as appropriate.
3. **If no blood is seen coming out from underneath the bottle top, it is safe to assume that the bleeding is controlled**.
4. If possible, **secure the bottle top firmly with a bandage**.

How to order a free Kidney Care UK ‘Put a lid on it’ keyring

Order your free keyring online: https://kidneycareuk.org/order-patient-information-resources/, or call 01420 541424 (9am-5pm, Mon-Fri) or email your delivery details to info@kidneycareuk.org. We kindly ask that you limit your order to one person so that there is enough for everyone.

Controlling bleeds from a fistula or graft | Kidney Care UK

Blood loss from a fistula or graft can become life threatening very quickly. Claire Whitehill, Vascular Access Nurse Specialist at the Queen Alexandra Hospital, Portsmouth, explains why it’s vital to act fast if you’re bleeding from your fistula or graft and how to use Kidney Care UK’s bottle top keyring to help you manage the bleed.

Please scan the QR code above, or visit the link below for more detailed guidance

https://kidneycareuk.org/kidney-disease-information/treatments/vascular-access-for-dialysis

B. Dialysis catheter

Accidental cut of dialysis catheter may lead to bleeding. The plastic tubing above the cut requires pinching and a clamp should be applied if available. Expert medical help should be requested immediately to repair or remove the bleeding dialysis catheter.

5. Our People

The renal unit works with many people and departments to give you the best possible care. The people you will meet on the unit include:

- Renal doctors
- Renal matron
- Renal nursing staff
- Renal support workers
- Renal healthcare assistants
- Renal housekeeper
- Specialist renal dietitians
- Advanced clinical practitioners
- Renal services manager
- Renal technicians
- Transplant nurses
- Advanced kidney care nurses
- Renal psychologist
- Home therapies nurses
- Ward clerks
- Research nurses
- Cultural and health improvement officer
- Diabetes specialist nurse
- Renal podiatrist
- Cleaning assistants
- Renal transport team (Transcare)
- Yorkshire Ambulance Service (YAS)

5.1 Our Transplant Team

The Bradford transplant team performs health checks to make sure a patient is fit enough for a kidney transplant. Transplantation may not be a suitable option for some patients who have other medical conditions.

If appropriate, blood tests to determine your blood group and tissue type will be carried out which are then used to find a suitable donor kidney. Alternatively, you may have a relative or friend who wants to donate a kidney. The potential donor would also be assessed by the transplant team.

Patients are generally transferred to Leeds for the transplant operation (or to Manchester for a combined kidney pancreas transplant) and then return to the care of the Bradford transplant team once discharged.

If you have any questions regarding transplant, including living donor services, please contact the team and they can arrange an appointment to meet with you to discuss the options.

www.donateakidney.co.uk

Donating a kidney is an incredible thing to do. A living kidney donation is the best current treatment option for people who need a transplant

www.giftoflivingdonation.co.uk

Empower lives with living kidney donation awareness. Join Gift of Living Donation for transformative change within the black community. #OrganDonation #GiftLife

BTHFT Live Kidney Donors information

https://campaigns.bradfordhospitals.nhs.uk/live-kidney-donors/

BTHFT Live Kidney Donors trailer

https://bit.ly/3OCevJF

Contact numbers: Live donor 01274 365313 and Transplant assessment 01274 365315

5.2 Our Renal Dietitian Team

A renal dietitian is a dietitian who works with people who have kidney disease. Renal dietitians carefully consider your blood results, nutritional status and fluid needs to give you evidence-based dietary advice. They work alongside the kidney doctors and nurses to help individuals on haemodialysis to protect their remaining kidney function and reduce the risk of developing cardiovascular disease.

Renal dietitians provide a service to all individuals on haemodialysis and have a commitment to provide you with the most up to date dietary information. In certain cases you may need to follow more specific dietary restrictions, but our dietitians will advise on how to do this safely.

Once you have started hemodialysis, a renal dietitian will visit you whilst you are on the unit or contact you by telephone.

If you would like to speak with a dietitian earlier then please do not hesitate to ring the dedicated helpline.

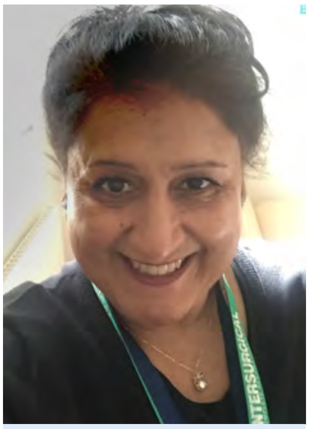
Renal dietitian helpline: 01274 365628 (8.30am to 4.30pm) Answerphone available outside office hours.

5.3 Our Renal Podiatrist

We have asked for a podiatrist to be available to visit our dialysis units. A podiatrist provides regular foot health checks, diabetic foot assessments, vascular assessments, routine foot care and wound care treatments to those who require it. These can all be carried out during a dialysis session. The podiatrist team aims to keep your feet as healthy and happy as possible and reduce the risks of complications linked to diabetes and kidney disease.

5.4 Our Cultural and Health Improvement Officer (CHIO)

The CHIO signposts all renal patients to relevant community services for advice and assistance regarding social support.



Tahira Mir
Cultural and Health Improvement Officer

Many of our patients with advanced kidney disease in Bradford are of South Asian origin. Our CHIO plays an especially important role in their care making sure patients and their families feel at ease. She confirms understanding of their care plan, taking into consideration any cultural or religious needs. She contributes to discussions about important clinical issues in the patient's first language.

The CHIO also deals with, refers, and signposts all renal patients to relevant community services for advice and assistance regarding their psychosocial care needs.

Cultural and Health Improvement Officer: 01274 365536

Normal working days/time: Monday to Thursday 8.30am - 4.30pm

5.5 Our Renal Psychologist

It's natural that having a chronic kidney problem may create changes in your life which can be very stressful for you and your family. People can often feel very emotional, and they can experience changes in mood and lifestyle.

If you are concerned about how you are feeling, talking to somebody is an important step. Often this is a friend or family member. Some people prefer to talk to a professional like a psychologist or counsellor.

Speak to a member of your clinical team if you would like to be referred to health psychology. You may also wish to explore the resources shown below.

Mental Health | National Kidney Federation

Mental health advice and support.

https://www.kidney.org.uk/mental-health

Looking after your mental health | Bradford Families and Young Persons

Looking after your mental wellbeing isn't something you should only do if you're struggling, feeling low, anxious or stressed.

https://fyi.bradford.gov.uk/

Bradford District and Craven Talking Therapies Service – Healthy Minds

A free NHS service to help people manage everyday problems such as feeling low.

https://www.healthyminds.services/

Mental health support

Search for services, activities, information and apps

https://www.healthyminds.services/support

Mental Health | Bradford District | Living Well

Mental health and wellbeing

https://mylivingwell.co.uk/mental-health/

MECC

Simple signposting to better health and wellbeing.

https://www.mecclink.co.uk/

6. Contact information

The St Luke’s renal unit is located at:

Horton Wing
Level 2
Area 5 (Ward F7/F8)
St Luke’s Hospital
Little Horton Lane
Bradford
BD5 0NA

Skipton Hospital

Keighley Road,
Skipton
BD23 2RJ

Contact numbers for our service are as follows:

St Luke’s Haemodialysis Units:

Ward F7	01274 365692
Ward F8	01274 365689
St Luke’s Hospital (Open 7.00am – 10.30pm Monday - Saturday)	
Skipton Dialysis Unit	01756 796 218
(Open 7.00am – 6.15pm Monday-Saturday)	
Advanced kidney care/Pre-dialysis services	01274 365838
St Luke’s Hospital	
Post Transplant Care	01274 365557
Cultural and Health Improvement Officer	01274 365536
Renal Dietitian	01274 365628
Ward 15 - In patients Ward	01274 383237
Bradford Royal Infirmary (Open 24 Hours)	
Home Therapies Department	01274 382268
Bradford Royal Infirmary (Open 8.00am – 4.00pm Monday-Friday)	

7. Our Partnership

We are committed to providing healthcare in a safe and secure environment for all our patients, visitors and staff. Staff have a right to care for others without fear of being attacked or abused. In some instances we may need to introduce a formal behavioural contract.

There should always be mutual respect between the staff and our patients. We aim to be polite, helpful, and sensitive to individual needs and circumstances. We will of course do our best to respond to any queries about your care.

There will be zero tolerance of any aggressive behaviour, both verbal and physical, which may also result in you being removed from the unit.

It is important that patients and those accompanying them are fully aware of the standards of conduct expected of them. We will not tolerate any of the following behaviours on the Haemodialysis Unit:

- Bad language or swearing
- Physical violence towards any member of the team or other patients
- Verbal abuse towards the staff in any form
- Racial abuse and sexual harassment
- Damage or stealing from staff or patients and from the premises

In extreme circumstances, our security team and the police will be contacted.

Bradford Kidney Patients Association

OUR MISSION

We aim to help preserve and protect good health for the benefit of patients living with kidney disease, for those on dialysis and their families / carers attending **St. Luke's Dialysis Unit, BRI ADU, Ward 15**, & **Skipton Satellite Unit,** living permanently or temporarily in **Bradford, West Yorkshire,** by providing advice, information and support as the trustees may in their discretion determine.

As a registered charity with firsthand experience, we understand the challenges of dealing with kidney disease. **Do not face it alone, we are here for you!**

throughout your treatment and provide a

8. Bradford Kidney Patients Association (KPA)

Registered charity number 1207260

The mission of the Bradford KPA is to preserve and protect good health for patients living with kidney disease, their families and carers, including all who attend St Lukes Dialysis Unit, BRI ADU, Ward 15, and Skipton Satellite Unit and live permanently or temporarily in the Bradford West Yorkshire area. We aim to provide advice, information and support.

We need volunteers. By joining the Bradford KPA, you can help to make a real difference in the lives of those affected by kidney disease.

Volunteering can be a rewarding and enjoyable experience whilst making a difference to patients' lives. Make a positive impact, meet new people, gain new skills and have fun.

For further information please contact us: bradfordkpa@outlook.com

Trustees: Sofia Tsanou
Michaela Smith
Heather Galloway

9. BrAdKIN website

We have launched the BrAdKIN website. This is a place for you to find helpful information about our service and and have contact with other patients, with the support of a moderator. The website also signposts resources and encourages everyone to contribute to the future development of kidney care in our region.

Please go to BrAdKIN – Kidney Information Network

https://www.kidneyinfonet.org/kin/bradkin/

People with hearing and speech difficulties

You can contact us using the Relay UK app. Textphone users will need to dial 18001 before the number to be contacted.

Accessible Information

If you need this information in another format or language, please ask a member of staff.

Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.