

# Study finds large disparity in access to kidney transplants for UK patients

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Large variations exist in access to kidney transplants for patients in the UK, which cannot be explained by case mix (differences in a patient's condition), according to a new study published in the British Medical Journal today.

UK researchers found significant variations in access to the renal transplant [waiting list](#), time to inclusion on the waiting list, and receipt of a renal transplant. They call for more research to understand if this is due to differences in resources or because some centres are better organised.

Outside the UK, many patient specific factors including age, sex, ethnicity and comorbidity have been reported to influence access to [kidney transplantation](#).

Despite guidelines to assess patients' suitability for transplantation, individual clinicians and centre practices may vary in the interpretation of such guidelines and in the UK there has been little research into what impact these differences make.

Researchers from the UK Renal Registry and NHS Blood and Transplant (formerly UK Transplant), both in Bristol, studied data on 16,202 renal replacement therapy patients from 65 renal centres in the UK.

Information on these patients had been submitted to the UK Renal Registry between January 2003 and December 2008.

The researchers set out to evaluate whether there was equity of access to the renal transplant list for patients with end stage [renal disease](#) across the UK, whether centres differ in the time taken to activate suitable patients on the waiting list, and whether equity exists in the receipt of a renal transplant once the patient is on the transplant list.

The study also looked at "time to wait-listing" which was the interval between start of renal replacement therapy ([kidney dialysis](#)) and date of activation on the waiting list.

The national average percentage of patients registered for transplantation within two years of starting renal replacement therapy is 50%, but the study found that varied between around 25% in some centres and as much as 65% in others.

Although the national average percentage of patients receiving a kidney from a brain dead donor within two years of being registered for transplantation is 24%, the study found centres varied between 6% and 42%.

Centres were not to blame for this variability, however, as in this scenario, the national allocation policy determines where kidneys from brain dead donors should be sent.

The national average for the percentage of patients receiving a donor after cardiac death or a living kidney donor transplant within two years of being registered for transplantation is 25%, but the proportion of people receiving a kidney in this way ranged from less than 10% at some centres to above 40% in others.

There was also significant variation between centres in time to inclusion on the national transplant waiting list.

The researchers conclude: "Further work needs to be undertaken to understand whether the observed differences in centre performance are due to variations in resource availability or because certain centres have more organised and efficient patient pathways."

Provided by British Medical Journal

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