2025-27

REPLY BY THE PRESIDENT OF
THE COMMITTEE FOR HEALTH & SOCIAL CARE
TO QUESTIONS POSED BY ALDERNEY RESPRESENTATIVE SNOWDON
PURSUANT TO RULE 14 OF THE RULES OF PROCEDURE

Questions from Alderney Representative Snowdon submitted in accordance with Rule 14

Dialysis in Alderney

Question 1: My understanding is that dialysis treatment was successfully carried out in Alderney in 2016. Could the Committee confirm whether this is correct?

This is correct. An individual received home dialysis at the premises of the Mignot Memorial Hospital. When the treatment ended, the equipment was removed from the island.

Question 2: Dialysis treatment is no longer available in Alderney. Could the Committee explain the reasons for this change?

Dialysis is not provided in Alderney for a number of reasons. The main ones are:

- Staffing – The Guernsey unit has not had stable staffing for some time. The matron left in August 2024 and Guy's and St Thomas' NHS Foundation Trust ("GSTT") have been unable to appoint at the same level. Therefore, the Guernsey unit is currently managed by a lower graded senior nurse with remote support from GSTT. Additionally, the unit had some long-term sickness and therefore had increased use of agency staff in recent months.

  Furthermore, some major flooring work needs to be arranged for the Guernsey renal unit which will have an impact on staffing and patients once an agreed way forward is identified. Until that staffing position has been confirmed and stabilised, it is not wise to add to the complexities of the care delivered.

- Supply Chain – GSTT have had some issues with their procurement and supply chain processes to get critical consumables to the Guernsey satellite unit. A review is currently underway to see if Guernsey could take ownership of those processes for the unit. Alderney has known additional supply chain risks as the island is even more exposed to delivery delays caused by adverse weather etc.

- Equipment – if equipment fails in Guernsey, there is a technical team to hand that can assist in a timely manner and/or contingencies are available within the PEH (e.g. within the ICU). Alderney does not have the infrastructure to provide that backup.

- Clinical support – the staff within the Guernsey unit are GSTT employees and trained specifically in the care for renal patients. They are also supported by the MSG nephrologist. Whilst GPs and MMH staff could be trained to some extent, they would never have that level of expertise and knowledge as the staff continuously working with renal patients. The staff in Guernsey would have limited capacity to build up a bespoke

remote support system.

Question 3: Has the Committee considered at-home dialysis as a potential solution? I understand that four patients in Aberdeen trialled such a programme earlier this year. Would training be available to support the delivery of this service on Alderney?

Home dialysis would require the patients to have the capacity and capability to provide this self-care. With an ageing demographics, older patients who require dialysis often have other co-morbidities which result in home dialysis not being suitable.

The costs of home dialysis are also significantly higher than dialysis being provided in a dedicated unit. In addition, most of the challenges listed above still apply.

Question 4: Where Alderney residents require dialysis, are they being advised that they must relocate permanently to Guernsey or the UK? This would mean the person being away from supportive friends and family.

HSC appreciate that all individuals would like to receive all their healthcare and support closer to home. However, this is not always possible in small island communities in the Bailiwick of Guernsey. Equally even in a mainland context an individual often must travel long distances to regional centres to access dialysis. This is reflective of the specialist nature of renal dialysis and why not all hospitals provide this service in their local area.

Question 4(a): Would patients need to become full-time Guernsey residents to access dialysis treatment? How would this work if the person also had limited mobility?

Alderney patients are advised to relocate to Guernsey for the duration of their treatment which is often around three years until a kidney transplant materialises or part of their end-of-life arrangement.

Due to the complexity of their treatment and the risk of delaying the next dialysis session, it is not advised for them to travel between the islands between sessions.

If they require support with the transport from their accommodation to the hospital for their appointments, the Community Transport Service provided by Health Connections or the Non-Emergency Patient Transfer Service provided by St John may be able to assist.

Question 4(b): Are all associated costs—such as travel, accommodation, and living expenses—covered, given that patients may not be able to afford to reside in Guernsey without support?

HSC will fund the patient's travel to Guernsey and the accommodation for the first two months. The patient will need to register with population management to then enable them to find accommodation within Guernsey's local market thereafter. If they require further assistance with their living expenses, they should liaise with the Income Support team at the Office *of the* Committee *for* Employment & Social Security.

Question 4(c): Has the Committee compared the potential cost of relocation with the cost of providing dialysis at the Mignot Memorial Hospital (MMH) or through at-home treatment in Alderney?

A high-level review has taken place, and further costings had previously been requested from Guernsey's current provider for dialysis services. However, due to the risks mentioned above, HSC is not considering the provision of dialysis in Alderney at this time.

Question 5. Has a feasibility study been undertaken into the provision of dialysis services in Alderney? If so, will the findings be made public?

Guernsey's current provider has submitted an initial high-level feasibility study. This was not received in a format suitable for publication. A further report including more detail on the risk mitigation options had been requested.

However, due to the issues with the Guernsey unit mentioned above, this is not currently prioritised. The current provider has requested that that service development in Alderney will not be further pursued until a more stable service can be maintained in Guernsey.

Question 6: I understand that Guy's & St Thomas' NHS Trust has enabled dialysis provision in remote areas such as Lerwick in the Shetlands. What are the main reasons Guernsey is unable to provide a similar service in Alderney? Are these reasons primarily related to cost, funding, safety, or the management of dialysis delivery?

The reasons for not providing the service in Alderney are outlined above. Lerwick is also significantly larger than Alderney (the unit is the same size as the unit in Guernsey) so is not comparable.

Question 7: Guernsey currently operates 8 dialysis machines for approximately 20 patients, and dialysis was previously available at MMH in Alderney. In the Committee's view, could the main barriers to reinstating dialysis in Alderney be overcome?

A further report on the options for mitigating has been requested. However, due to the issues with the Guernsey unit mentioned above, this is not currently a priority for HSC.

Question 8: Finally, would the Committee like to add any further information regarding Alderney residents who require dialysis treatment?

Renal dialysis is complex and requires the proper infrastructure and resourcing to ensure safe and effective service delivery. The clinicians leading the care for the Bailiwick's dialysis patients advise against introducing a solution in Alderney. They state "Even healthy dialysis patients need good infrastructure for support (which is present in Guernsey). The problems are frequent and need prompt solutions which could not be guaranteed in Alderney."

Date of receipt of questions: 2 October 2025
Date of response: 17 October 2025