Out of sight, out of mind.
The continuing impact of COVID-19 on people living with kidney disease (October 2020)

Introduction

We are all very grateful for the continued care and dedication of our NHS and renal staff, who have experienced really difficult times alongside us, and we would like to thank them. Kidney patients have generously given their time to this survey, which gives an excellent summary of their current experience during the pandemic. It is clear that physical and mental health impacts are continuing. As we move into the second phase of the pandemic and infection rates are rising, the support that shielding offered is still needed. Most would not want to again be advised not to go outside but many need the option of protection if the infection rates where they live are high. This should include extended financial support for those who cannot work from home, assistance with medical deliveries or shopping for essentials. There is also a strong ask that non-Covid medical care is not closed down again - kidney disease and kidney failure cannot wait. We will be taking forward the report’s findings across our community and beyond so that plans, programmes and care reflect what kidney patients have told us.

Background

The COVID-19 pandemic continues to have a huge impact on people living with kidney disease and their families. In May 2020, Kidney Care UK ran a survey to better understand the concerns, anxieties and unmet needs of people living with kidney disease. We found that a large proportion of patients were experiencing disrupted care, including surgery or appointments being cancelled. At that time, there was confusion over shielding advice, and nearly one in five patients could not access centrally coordinated support. Four in ten patients reported that their mental health had been affected by the pandemic, and 16% of respondents were worried that household members were having to go into work or lose their income.

At the end of August 2020, the lower coronavirus transmission rate and fall in hospitalisations meant the Government decided the shielding programme for the most vulnerable groups could be paused. As circumstances changed, Kidney Care UK wanted to see if patients had the same concerns or if new problems were coming to the fore. In particular, we wanted to understand patients’ views on returning to work and re-opening schools. The survey found:

- **Financial concerns are looming:** Patients are having to choose between their health and their livelihood. A majority of patients are expected to go back into work as normal. Nearly two thirds of these people are concerned about safety, but have to go regardless.

- **Health disruption continues:** Almost half of respondents have had their care disrupted. A fifth have had surgery or appointments cancelled.
• **Serious mental health stress**: A third of patients are struggling with their mental health

• **Food and medical supplies**: Patients are anxious about how they will safely access essential supplies of food and medicine as infection rates increase; some are already finding it hard to get essential supplies

• **Schools**: Half of the parents who are also kidney patients were worried about schools reopening. One in ten were considering keeping their child at home

Kidney Care UK is calling for:

1. **The Government** to deliver protection, in law, for employees so that clinically extremely vulnerable people are supported to work and do not lose their job due to vulnerability. We want to see:
   a. The furlough scheme extended for those who are clinically extremely vulnerable and i) whose workplace isn’t ‘COVID-safe’ or ii) have been advised to shield and cannot work from home
   b. Clear guidance for employers that mandates greater flexibility for those who have been shielding, including working from home or lower contact jobs
   c. A clear directive to employers on their duty to communicate with employees in advance of their return to work about what safety measures they have in place
   d. The Health and Safety Executive should be provided with sufficient resources to robustly monitor Covid-safety in workplaces and support workplaces to report all incidence of COVID-19 cases and investigate the likely cause of transmission to learn lessons on risk reduction as COVID-19 becomes endemic in society

2. **NHS leaders** to take immediate action to ensure no kidney patient is denied access to the care or information that they require and the NHS is open for non-Covid treatment:
   a. Patient monitoring must be prioritised – Every day, 20 more people develop kidney failure. They must not be forgotten
   b. The success of remote consultations for kidney patients should be assessed and training in best practice for remote consultations should be provided to healthcare professions
   c. Transplant services, including living kidney donation, should be restored to pre-pandemic levels as soon as possible to prevent further unnecessary deaths
   d. Home dialysis should be offered to all new and existing patients who would prefer this option or struggle with access to transport to dialysis appointments

3. **The Government and the NHS** to strongly consider the mental health of clinically extremely vulnerable patients in making decisions that impact their lives, and provide a package of measures to support patients during this difficult time. These should include:
   a. Clear communication from a patient’s GP/renal specialist regarding the patient’s risk from COVID-19
b. Mental health support to be provided by the NHS as part of the patient’s package of care, including identifying local pathways for accessing help

c. Patient guidance on self-management and peer support so the clinically extremely vulnerable can take active steps to improve their own mental health

d. Effective information provision and signposting to sources of help (ensuring that help is accessible and culturally sensitive)

4. The Government to reinstate the support and choices provided by the shielding programme and offer a package of care that enables clinically extremely vulnerable people to protect themselves if a tier 3 local lockdown is in place or shielding reintroduced. The package should include:
   a. Financial support for those who cannot safely go to work or cannot work from home
   b. Medicines delivery
   c. Shopping support, including food support packages

5. The Government to deliver clear and specific guidance for school leaders, spreading best practice and encouraging schools to allow flexibility for teachers and pupils, where a loved one is clinically extremely vulnerable and must be helped to protect themselves during the pandemic.
   a. Flexibility in home-schooling, mask-wearing and other risk mitigation strategies shouldn’t result in children and parents incurring penalties
   b. Up to date information should be provided as the national COVID-19 risk changes.
   c. There should be a continuing plan for remote learning support that will be available should children of CEV parents or CEV children need to be home-schooled

Methodology

The online survey was open from 28 August to 21 September 2020. It was advertised on Kidney Care UK social media and digital networks. The full list of questions is included in the appendix.

860 responses were received. The demographics of respondents were similar to the previous survey, with a majority of respondents being female (64% vs 35% male), living in England (82%) and describing themselves as White British (91%). More detail is available in the appendix.
Key findings

1: Patients are having to choose between their health and their income. Two thirds are worried about the safety of their workplace, but many are having to go back despite these concerns. Some have already left the workforce.

The end of shielding means people are being asked to return to their workplace, as long as it is COVID-secure. The prospect of returning to work has raised concerns for many kidney patients. The survey showed:

- There were 414 people who were eligible to respond to our question on returning to work. Of this population:
  - A majority of patients are expected to go back to work as normal (62%)
  - 63% of respondents expected back at their workplace said they are concerned about safety but have to go back regardless
  - 6% said they would not go back, even if it meant losing their job
- There has been a lack of support for vulnerable people and their families going back to work
  - 21% said they were concerned about a member of their household returning to work to avoid losing income, even though they don’t think it’s safe
  - 19% said their employer has been ‘very unhelpful’ or ‘unhelpful’ in their return

The pausing of the shielding program saw the end of support for those unable to work from home, and the furlough scheme which has provided support for many is due to end on 31 October 2020. Of kidney patients responding to the survey:

- 49% were able to work from home during the period of shielding
- 25% were furloughed
- 5% received Statutory Sick Pay
- 4% received Self Employment Income Support
- 2% had to continue going out to work

The end of shielding coupled with the removal of financial protections means many kidney patients are being forced to choose between their health and providing for their family. On 13th October, the Government announced that, in England, if shielding is reintroduced and vulnerable people advised to stay at home, there is no offer of financial support other than Statutory Sick Pay (SSP) or

“I’ve been pressured by my managers to provide services without any social distancing ‘as this is in my contract’”.

“I’ve had to go from shielding straight to the front line where it is not safe.”

“I have resigned from my job to protect my husband.”

“Despite the measures in place, I feel very vulnerable at work (working in a supermarket) but have no choice as I live on my own and have bills to pay.”

“I’m a nurse and see 5 patients each day in clinic doing close up interventions meaning I can’t keep any distance and only have basic PPE.”

“I have had to go back to work as an infant school teacher and so many children are already suspected cases - I do not feel safe.”

“I feel I cannot return to my role working with the public so I have had to hand in my notice.”

“(I would like to see) continuing of furlough so that I can remain employed and not have to choose between my health or losing my job/home.”
Employment Support Allowance (ESA) for those eligible. This will result in an unsustainable drop in income for many kidney patients, who may feel forced to ignore advice and continue working.

Despite Government instructing employers to ensure all workplaces are COVID secure, many patients are not convinced that their workplace is, or can be, safe. Free text comments from patients suggested those working in front-line roles – as teachers, healthcare workers or in retail – are especially worried that they will be unable to socially distance effectively or have access to PPE. Sadly, some patients told us that they have had to resign to protect themselves or their loved ones.

The Health and Safety Executive require employers to report cases of COVID-19 among employees if the infection was suspected to have been contracted at work. However, a recent article in the British Medical Journal suggested that workplace transmission is currently only routinely reported within the health and social care sector, and likely to be underreported in the rest of the workforce.\(^1\)

Because of this, we don’t have a clear picture of the risks involved in returning to the workplace. Accurately recording this data will be crucial in order to protect clinically extremely vulnerable people as COVID-19 becomes endemic in society.

Kidney Care UK is calling for the Government to deliver protection, in law, for employees so that clinically extremely vulnerable people cannot lose their job. We want to see:

- a. The furlough scheme extended for those who are clinically extremely vulnerable and i) whose workplace isn’t ‘COVID-safe’ or ii) have been advised to shield and cannot work from home
- b. Clear guidance for employers that mandates greater flexibility for those that have been shielding, including working from home or lower contact jobs
- c. A clear directive to employers on their duty to communicate with employees in advance of their return about what safety measures they have out in place
- e. The Health and Safety Executive should be provided with sufficient resources to robustly monitor Covid-safety in workplaces, support workplaces to report all incidence of COVID-19 cases and investigate the likely cause of transmission to learn lessons on risk reduction as COVID-19 becomes endemic in society

---

\(^1\) Agius, R.M., Covid-19 in the workplace. BMJ 2020; 370 doi: [https://doi.org/10.1136/bmj.m3577](https://doi.org/10.1136/bmj.m3577)
2: Almost half of respondents are continuing to experience disruption to their care. A fifth have had surgery or appointments cancelled.

Both surveys asked patients whether their care had been disrupted by the pandemic. The second survey shows:

- 47% of respondents are still reporting disruptions to the care they receive
- The most common impact was surgery or appointments still being cancelled (22% of respondents)
- 20% are struggling to get advice on health concerns / worries
- Nearly one in ten (8%) haven’t been able to have blood tests
- 7% reported feeling unwell due to postponed / delayed / cancelled treatment
- 16 respondents haven’t been able to have their planned transplant from a living donor; 40 had their access to the transplant register delayed due to COVID-19

Healthcare professionals have made huge efforts to support kidney patients throughout the pandemic. However, the survey shows that there is still a long way to go.

Many kidney patients in the early and moderate stage of kidney disease will have had monitoring appointments cancelled during the COVID-19 outbreak. These continue to be disrupted; patients described difficulties with arranging blood tests. Regular monitoring of people with kidney disease is essential to allow treatment to be given to delay progression of the disease and potentially the need for burdensome and expensive dialysis. There are serious implications of failing to spot major progression in kidney disease to both the individual and NHS services.

The shift to ‘virtual consultations’ – appointment by telephone or video as opposed to in-hospital face-to-face – was evident in the survey. While some patients were relieved not to have to attend hospital, others felt they were unable to ask important questions of their consultant and were ‘left on their own’.

Patients are also missing out on potentially life-saving surgeries – including transplants – which have been postponed or even cancelled. The renal community continues to need support to ensure that patients can join the transplant register when they need to, the backlog created by COVID-19 is cleared, and transplant centres return to normal volumes.

Kidney Care UK is calling for the NHS to take immediate action to ensure no kidney patient is denied access to the care or information that they require:
a. Patient monitoring must be prioritised – every day, 20 more people have kidney failure. They must not be forgotten
b. The success of remote consultations for kidney patients should be assessed and training in best practice in remote consultations should be provided to health care professions
c. Transplant services, including living kidney donation, should be restored to pre-pandemic levels as soon as possible to prevent further unnecessary deaths
d. Home dialysis should be offered to all patients who would prefer this option or struggle with access to transport to dialysis appointments

3: A third of patients continue to struggle with their mental health

The survey made it clear that kidney patients are still struggling. Shielding was an incredibly difficult time and, while the pause has brought relief for many people, some patients are still feeling anxious, uncertain and unhappy.

- Nearly one in three (29%) respondents reported feeling anxious, lonely or isolated (scoring 4 or 5 where 5 is “this is a very serious concern for me” and 1 is “this has not affected me”)
- 36% said they are concerned about their emotional wellbeing

Anxiety is being exacerbated by uncertainty with many indicating this is a concern. Many patients are particularly anxious that other people are not socially distancing (at work or socially) and therefore may put them at risk.

As well as the benefits to physical health, exercise has benefits to mental health, too. As the winter months approach, many will lose the use of outdoor spaces to exercise in. Coupled with the lack of social interaction, the mental health impact of COVID-19 on patients is likely to increase.

- 86% of respondents indicated they will not be visiting leisure facilities because of the associated risk
- 34% of respondents will not socialise with friends indoors, and 14% said they will not even be seeing friends outside where the risk is greatly reduced

The free text box saw a number of patients suggested that they would like more tailored information about their risk, to support them in deciding what activities they felt comfortable with. This could include data about the prevalence of COVID-19 in their local area or where they might be visiting friends or family. It would also include more tailored information about their personal risk, based on their stage of disease, their type of treatment or previous transplant (some patients feeling that the information provided by Government or their GP was too broad or generic).

Kidney Care UK is calling for the Government and the NHS to strongly consider the mental health of clinically extremely vulnerable patients in making decisions that impact their lives and provide a package of measures to support patients during this difficult time. These should include:
4. Patients are concerned about safe access to essential supplies and wish to have the support and choices provided by the shielding programme where infection rates are high

Our first survey uncovered significant problems with people being left off shielding lists, leaving them unable to secure access to central support, including prioritised access to deliveries of medicines or food. Even once on the shielding list, many continued to experience problems with accessing online delivery slots and there was low awareness and uptake of the NHS Volunteers scheme.

Although our second survey took place after shielding had officially ended, respondents told us:

- 65% either didn’t receive correspondence about shielding being paused, or didn’t understand the correspondence
- Some patients are still struggling to access essential supplies
  - Over a quarter of respondents said they are not going to the shops because they are still worried about the impact of COVID (26%) – 14% said they have no choice but to go despite the concern
  - 6% are still finding it difficult to access medicine
  - 4% remain worried about getting food.
  - Over one in 10 said they are struggling financially (12%)

Kidney patients are concerned about local transmission and, in areas where local lockdowns have been introduced, respondents would like to see more protection for them and their families:

- 84% of respondents indicated chose either one or both of the following options from the survey, when asked about how a local lockdown would affect them:
  - Shielding should be reintroduced in areas under local lockdown measures
  - I would like to stay at home as I did during shielding if my home was in an area with local lockdown measures

It is unacceptable that any patient should be finding it difficult to access essential supplies. The consensus among those surveyed was that greater support should be provided; a majority of respondents indicated they would like to see shielding, and the accompanying support, to be introduced in areas where local lockdowns are reintroduced.
Kidney Care UK is calling for the Government to reinstate the support and choices provided by the shielding programme and offer a package of care that enables clinically extremely vulnerable people to protect themselves if a tier 3 local lockdown is in place or shielding reintroduced. The package should include:

a. Financial support for those who cannot safely go to work or cannot work from home
b. Medicines delivery
c. Shopping support, including food support packages

5: Half of the parents who are kidney patients were worried about schools reopening. One in ten will not be sending their child back to school

As lockdown eased, schools across the UK are reopening. Every family has had questions about measures being taken to make schools as COVID-safe as possible but these questions are especially acute for families where someone has kidney disease.

Unfortunately, there is no clear-cut answer to whether it is safe for children of kidney patients to go back to school; families need to have discussions with schools about the measures they are putting in place. Our survey showed that uncertainty and anxiety among patients with kidney disease whose children are returning to school.

There were 208 respondents to the survey who indicated they had school age children. Of these:

- Nearly half (49%) have serious concerns, but will be reluctantly allowing their children to return to school
- One in ten is considering not sending their children back to school
- 44% would like the ability to home-school if local lockdowns are in place or they are advised to shield again

Despite the measures that schools are putting into place to put children into ‘bubbles’, to encourage social distancing and greater hand-washing and hygiene, it is possible that they could catch COVID-19 and unknowingly bring it into the household. This puts vulnerable family members at risk and our survey shows that, for some, this risk is too great with them opting not to send their child back to school.

Kidney Care UK is calling for the Government to deliver clear and specific guidance for school leaders, spreading best practice and encouraging schools to allow flexibility for teachers and pupils, where a loved one is clinically extremely vulnerable and must be helped to protect themselves during the pandemic.
a. Flexibility in home-schooling, mask-wearing and other risk mitigation strategies shouldn’t result in children and parents incurring penalties
b. Up to date information should be provided as the national COVID-19 risk changes
c. There should be a continuing plan for remote learning support that will be available should children of CEV parents or CEV children need to be home-schooled
Appendix 1: Full list of survey questions

Demographic questions

1. How old are you?
0 – 15 / 16 – 30 / 31 – 45 / 46 – 60 / 61 – 75 / 75+

2. What is your gender?
Male / Female / Non-binary / Other / Prefer not to say

3. Where do you live?
England / Scotland / Northern Ireland / Wales

4. Which race / ethnicity best describes you?
   • White / White British
   • Black / African / Caribbean / Black British
   • Asian / Asian British
   • Mixed / Multiple ethnic groups
   • Prefer not to say
   • Other

5. What is your kidney condition/treatment? Please tick all that apply
   • Chronic Kidney Disease stage 3-4
   • Chronic Kidney Disease stage 5
   • Acute kidney injury (AKI)
   • Kidney Cancer
   • Dialysis at a unit or hospital
   • Home Haemodialysis
   • Peritoneal Dialysis
   • Transplant
   • Other

Coronavirus support questions

1. Were you told to shield?
   • Yes
   • No
   • No, but I followed shielding guidance anyway

2. Is coronavirus affecting the treatment and support you receive from the NHS? Please tick all that apply
   • No, my treatments have returned to normal
Yes, I still can’t have surgery or attend appointments
Yes, my dialysis programme is still altered / reduced
Yes, I am still finding it difficult to get to my dialysis appointments
Yes, I have not been able to have a planned living donation
Yes, my entry to the transplant list has been delayed
Yes, I still haven’t been able to have all my blood tests
Yes, I’m still finding it difficult to get advice about any health worries from my GP or hospital team
Yes, other (please specify) [plus free text field]

3. How else is the coronavirus pandemic affecting you? Please circle 1 – 5, where 1 means this has not affected me and 5 means this has been a very serious concern

- I feel lonely / isolated
- I feel anxious and/or I am concerned about my emotional wellbeing
- A member of my household has returned to work to avoid losing their income although we do not think it is safe
- I am struggling to get food
- I am struggling to get medicine delivered
- I feel unwell due to cancelled / postponed / delayed treatment
- I am struggling financially
- Yes, other (please specify) [plus free text field]

End of the shielding programme

4. How do you feel about the shielding programme being paused?

- I’m very pleased, and ready to have the same freedom as everyone else
- I’m enjoying having more freedom, but I’m still worried about being exposed to COVID-19
- I’m very worried, and will be limiting my contact with other people as much as possible
- I’m not sure
- Other

5. How has your lifestyle changed now that shielding has ended? Rating system for the following: Scale:

- I’m very worried about this and I won’t be doing it
- I’m worried about this and will be doing it cautiously
- I’m worried about this but I have to do it
- I’m not worried but will be doing it cautiously
- I’m not worried and will be doing it without caution
- Not applicable

- Going to the shops
- Going back to work
- Using public transport
- Using the NHS (for example, dialysis appointments and blood tests)
- Socialising with friends / family outside
- Socialising with friends / family inside
- Going to pubs / bars
• Going to restaurants
• Using leisure facilities (for example gyms and leisure centres)
• My children returning to school

Employment questions

6. What is your employment status?
   • I am employed by someone else/a company
   • I am self employed
   • I am not in employment
   • I have lost my job due to Covid-19
   • I prefer not to say

7. During the period shielding advice was in place what was your working situation
   • I was working from home
   • I was furloughed
   • I was not able to work from home and received SSP
   • I continued to go out to work
   • I was not able to work as usual but received support through the Self Employment Income Support Scheme
   • I was not in employment
   • I prefer not to say

8. Are you expecting to go back to your usual workplace?
   • Yes
   • No

9. Which statement best describes your feelings about returning to work?
   • I feel OK about returning to my usual workplace
   • I feel concerned about going back to my usual workplace, but I have to anyway
   • I feel concerned about going back to my usual workplace, and will not return even if it means I lose my job
   • I want to go back to work but my employer won’t allow me to because of my risk from COVID-19

10. On a scale of 1-5 how helpful has your employer been in helping you return safely to work?

   Scale:
   1. Very unhelpful
   2. Unhelpful
   3. Somewhat helpful
   4. Helpful
   5. Very helpful
11. Are you using public transport to travel to work? If so, how confident do you feel about using public transport?

- I use public transport and feel confident that it is safe to use
- I use public transport but do not feel confident about using it
- I have found another way to get to work without using public transport, to minimise my risk
- I do not use public transport to get to work

12. Do you have any other comments about returning to the workplace?

Local lockdowns

13. If your local area had a local lockdown due to rising coronavirus numbers, which of the following describes you?

- I think the Government should re-introduce shielding advice and the associated support in these areas
- I would like to stay at home as I did during shielding to protect myself / my family
- I would not return to work, even if it meant I lost my job
- I would continue to go to work but I wouldn’t go out to socialise
- I would go to work, meet friends / family outside, but wouldn’t visit a bar / restaurant / shop
- I would continue to abide by the same social distancing measures as everyone else

Government communications

14. How well do you think the Government have communicated the pausing of shielding?

- Very well, I received correspondence and I understand what I am being advised to do now
- Relatively well, I didn’t receive correspondence but I understand what I am being advised to do now
- Not well, I received correspondence but I understand what I am being advised to do now
- Poorly, I didn’t receive correspondence and I don’t understand what I am being advised to do now

15. What ongoing support would you like from the Government/NHS as the Covid-19 outbreak continues?

- Food deliveries
- Medication delivery
- Transport to dialysis or other hospital appointments
- Access to personal protective equipment for dialysis appointments (eg facemasks / gloves)
- Financial support
- Emotional or mental health support
- Other (please specify) plus free text field

16. Do you think you’ve had coronavirus symptoms?

- Yes, and I have been tested and received a positive test
- Yes, and I have been tested but it came back negative
- Yes, but I have not been tested
- No, I haven’t had symptoms
- Not sure
17. Have you referred to Kidney Care UK information on COVID-19?

- Yes, via website guidance
- Yes, via telephone
- No, I have not needed it
- No, I did not know it was available
- I have received support from a Kidney Care UK Advocacy Officer or Counsellor

18. Did you find Kidney Care UK information helpful?

Scale of very unhelpful – very helpful (1 to 5 stars)

19. What more Covid-19 information would you have liked from Kidney Care UK?

- Mental health support
- Dietary advice
- Exercise support
- Details of how to contact support services
- Employment support
- Signpost to sources of further information (e.g., money advice service or Government support)
- Other
Appendix 2: Demographics of respondents

- 551 respondents were female (64%). 302 respondents were male (35%), with 9 non-binary, 0 other and 4 preferring not to say.

- The age brackets of respondents were as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 15</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>16 – 30</td>
<td>39</td>
<td>5%</td>
</tr>
<tr>
<td>31 – 45</td>
<td>203</td>
<td>24%</td>
</tr>
<tr>
<td>46 – 60</td>
<td>337</td>
<td>39%</td>
</tr>
<tr>
<td>61 – 75</td>
<td>223</td>
<td>26%</td>
</tr>
<tr>
<td>75+</td>
<td>50</td>
<td>6%</td>
</tr>
</tbody>
</table>

- Respondents’ country of residence was as follows:

<table>
<thead>
<tr>
<th>Country of residence</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>707</td>
<td>82%</td>
</tr>
<tr>
<td>Scotland</td>
<td>53</td>
<td>6%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>23</td>
<td>3%</td>
</tr>
<tr>
<td>Wales</td>
<td>76</td>
<td>9%</td>
</tr>
</tbody>
</table>

- Respondents reported their ethnicity as follows:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/ White British</td>
<td>785</td>
<td>91%</td>
</tr>
<tr>
<td>Black/ African/ Caribbean/ Black British</td>
<td>11</td>
<td>1%</td>
</tr>
<tr>
<td>Asian/ Asian British</td>
<td>33</td>
<td>4%</td>
</tr>
<tr>
<td>Mixed/ Multiple ethnic groups</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>10</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>1%</td>
</tr>
</tbody>
</table>

- Respondents reported their conditions / treatment (they could choose more than one option) as follows:

<table>
<thead>
<tr>
<th>Condition / treatment</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Kidney Disease stage 3-4</td>
<td>190</td>
<td>22%</td>
</tr>
<tr>
<td>Chronic Kidney Disease stage 5</td>
<td>56</td>
<td>7%</td>
</tr>
<tr>
<td>Acute kidney injury (AKI)</td>
<td>9</td>
<td>1%</td>
</tr>
<tr>
<td>Kidney Cancer</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>Dialysis at a unit or hospital</td>
<td>101</td>
<td>12%</td>
</tr>
<tr>
<td>Home Haemodialysis</td>
<td>30</td>
<td>3%</td>
</tr>
<tr>
<td>Peritoneal Dialysis</td>
<td>37</td>
<td>4%</td>
</tr>
<tr>
<td>Transplant</td>
<td>476</td>
<td>55%</td>
</tr>
<tr>
<td>Other</td>
<td>62</td>
<td>7%</td>
</tr>
</tbody>
</table>
- The most commonly reported condition/treatment was kidney transplant (55%)
- 12% of respondents were currently on dialysis.

Over three quarters of respondents (78%) reported that they had not had symptoms of COVID-19. When asked if they thought they had had coronavirus symptoms, the respondents to this question answered:

<table>
<thead>
<tr>
<th>Symptoms of coronavirus</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, and I received a positive test</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>Yes, but I received a negative test</td>
<td>44</td>
<td>6%</td>
</tr>
<tr>
<td>Yes, but I’ve not been tested</td>
<td>39</td>
<td>5%</td>
</tr>
<tr>
<td>No, I haven’t had symptoms</td>
<td>612</td>
<td>78%</td>
</tr>
<tr>
<td>Not sure</td>
<td>82</td>
<td>10%</td>
</tr>
</tbody>
</table>