Renal Association
Clinical Affairs Board
20 September 2010, 12.30 pm – 4.30 pm
Euston Square Hotel, North Gower Street, London

MINUTES

Present:

Kevin Harris (Chair)	Robert Mactier	Martin Raftery
Andy Lewington	Damien Fogarty	Liz Lightstone

1. Apologies - Donal O'Donoghue

2. Welcome to the next CVP – The committee welcomed MR as the next clinical vice president

3. Notes of last meeting - KH verbally reported briefly on these, noting actions had been undertaken.

4. Matters Arising – none

5. **Clinical Services Committee:**

A. AKI – report by AL

The AKI guidelines are complete in draft form and will be out to consultation shortly. It was agreed there was a need for creating consistency of approach in AKI - after discussion it was felt that this should be considered by the AKI delivery board chaired by DoD.
ACTION: AL as Renal Association representative on AKI delivery board to raise this issue at their next meeting.

It was noted that NCEPOD was also investigating elderly surgical patients with AKI and emergency surgical patients with AKI.

KDIGO - an early draft of an agreed definition for AKI is available. It was felt that the AKI delivery board would work on operationalising this definition for use in the NHS. There are also needed to be guidelines outlining when referral to specialist nephrology opinion should be considered in patients with AKI.
It was felt although this was an issue for general medical training, it was important that the Renal Association should set the appropriate standards. The Association should also actively disseminate any AKI guidelines.
ACTION: LL to raise the issue of AKI at the education committee.

B. Cold climate

There was a broad discussion about this. KH reported on the recent event organised by John Scoble jointly with the Renal Association. It was agreed that this was going to be a challenging agenda over the next few years and it was essential that creeping rationing was avoided. It was that this would be an excellent topic for the next CD Forum
ACTION: MR to discuss with Graham Lipkin re the production of a questionnaire to assess the impact of financial pressures on dialysis units.
DF provided background on the national clinical audit program which would have an increased emphasis on outcomes rather than process. There was a need to produce KPIs that were either outcomes or processes which could be directly related to outcomes.
ACTION: all to contribute.

C. NICE

KH reported on the production of NICE quality standards for CKD. NICE anticipated these would inform commissioning in the future. Currently it was anticipated these will be available by early 2011.

D. Recommendations for management of CKD in older people (paper A)
No further action required.

E. Integrated Diabetes care (Paper B)
This was not felt to be a contentious document and approved. DF indicated a chapter to look at integrated care would be produced in the Registry report.

F. CD forum
Graham Lipkin to organise on either the first or second Friday in March. Topics will include the financial climate and NICE CKD quality standards.
ACTION: MR to discuss with GL. It was suggested that Paul Stevens be invited to present on NICE CKD quality standards

G. MR reported difficulty in getting regional representatives on the clinical services committee

6. **Clinical Guidelines Committee:**

A. Update – paper C
RM reported that good progress in producing guidelines in a format that could be easily updated in an ongoing fashion. Links with KDIGO were still felt to be less than optimal and dialogue was ongoing to improve this.
RM was congratulated on his work which has secured draft NHS evidence accreditation for the Renal Association guidelines.
It was noted that there was no internal or external funding to support guideline development.
The full set of current guidelines would be produced as a supplement in Nephron.
ACTION: CT and RM to co-author an introduction.

Discussion took place on the anaemia guideline and it was agreed that the haemoglobin target should be left at 10.5-12.5. This could be reviewed subsequent to the review of their existing anaemia guidelines by NICE

B. Water supply standards (paper D)
The Renal Association would work collaboratively with renal technologists to coordinate and extend existing guidelines into a single and pragmatic working document on water quality.

C. LL reported that the British Rheumatological Society was producing guidelines on lupus.
ACTION: LL to act as Renal Association representative. It was suggested the Rheumatological Society might wish to follow the Renal Association approved guideline development process in order to allow the guidelines to be endorsed by NHS Evidence.

7. **UK Renal Registry:**

A. National Clinical Audit changes and direction
DF reported on current proposals put forward by Bruce Keogh. It was felt likely that this will change to a subscription model not simply funding and have a greater emphasis on outcomes rather than process.
DF also reported that the National Renal Dataset had been modified and adapted with the revised version due out by the end of the year.

B. Vascular Access Audit
DF reported that there have been problems getting this effectively running but there were now systems in place in about 27 units to record incident vascular access. It was noted this was previously centrally funded but it was unsure whether this would continue

C. Registry update
DF reported on a five-year plan for the Registry was being produced and this will be discussed further at the Renal Registry Management Board.

8. **Current National Issues:**
   A. NSF update – paper presented.
   The report was noted. There were no specific questions for DOD.

9. Any other business
   None

10. Dates of and formats for future CAB meetings
    It was felt that face-to-face meetings were useful and that the Euston Square hotel London was a convenient venue. Monday was found to be a good day with a meeting starting at 1:30
    ACTION: MR to coordinate dates for 2011.