Renal Association
Clinical Affairs Board

Minutes of the Sixth Meeting
Held on 04th July 2007 at 4.00pm, Rhys Room, Jesus College, Oxford

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Present:

C G Winearls	(Clinical Vice President, Renal Association - Chair)
C Tomson	(Chair, Registry Committee)
K Harris	(Clinical Vice President elect and Chairman of Clinical Service Committee)
L Goldberg	(Executive Representative)
D Wheeler	(Chair – Clinical Practice Guidelines Committee)
D O'Donoghue	(National Clinical Director, Kidney Care)
J Scoble	(Representing The British Transplantation Society for item 9)

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1. Apologies

J Kwan (Renal Association, Executive Nominee)

2. Minutes of the Previous Meeting – 14th March 2007

Agreed.

3. Matters Arising

None.

4. Critical Care Nephrology

A proposal for a UK Critical Care Nephrology Group prepared by Dr Chris Laing was discussed. It was agreed that this was a positive initiative but had major implications to the Renal Association as a whole and should be discussed at the full RA for Executive.

5. Registry Committee

Dr Tomson's report was tabled. He drew attention to issues around the definition of the national data set and the ability of the renal community to collect this data which would become an obligation. The issue of auditing transplant data was discussed. First items would need to be defined.

6. Clinical Services Committee

Dr Harris tabled the summary of the meeting that this committee held in Brighton in May. He refreshed CAB's memory on the terms of reference and process for appointment of Chair, Vice Chair and Members. He described work on advising the BNF of using eGFR in drug dosing recommendations.

There has been no further progress in expanding haemodialysis capacity and the role of ISTCs.

a) PBR

It is now known that plans to introduce PBR for renal services in 2008 have been deferred. The CSC is actively engaged in negotiations for the Department of Health.

The Clinical Directors Forum will be on 7th March 2008 at St Thomas's Hospital and could include the following topics:

1) Consultant assessment
2) Changing work practices in renal units
3) PBR
4) Haemodialysis capacity and modelling growth
5) Job planning and clinical templates

b) NPSA

CSC would coordinate the Renal Association's response to the NPSA initiative on "Formulating and Sharing Solutions to Clinical Incidents and Risk-Prone Situations". Information on serious incidents will be distributed to clinical directors by CSC. Clinical directors have also been invited to identify 10 risk situations.

7. **Clinical Practice Guidelines Committees** (Dr Wheeler provided a progress report)

The acute kidney injury module is waiting to be signed off by the Intensive Care Society. Plans for production of the guidelines as PDFs are proceeding. In light of recent publications the anaemia guidelines have been reviewed and found to be satisfactory.

The CAB agreed the process of authorising guidelines.

Work on guidelines of the management of HUS/TTP with The British Society of Haematology and will be proceeding. Dr Martin Wilkie was leading on The Renal Association guidelines on PD catheter insertion.

Guidelines on cardiovascular disease prepared by joint Cardiac Societies should include aspects of renal disease. He would approach the authors of the next version to seek their cooperation.

8. **Renal Advisory Group** – Dr Donal O'Donoghue

Tabled a report which included description of NSF workshops, the Healthcare Commission National Renal Audit, Action Learning Sets, the work on early kidney disease, the Health Survey for England, PBR, NICE Guidelines and Topics, Knowledge Management, Renal Data Set, the Donor Task Force, Healthcare associated infections, Independent Sector Treatment Centres and the End of Life Care Strategy.

9. Transplantation Matters

The joint BTS Renal Association Guideline on Transplantation in high risk recipients was debated in CAB with Dr John Scoble. A number of amendments were agreed and these will be built into the draft. Dr Tomson urged the British Transplantation Society and the UKTSSA to record and report morbidity in transplant recipients. Without this information recommendations in this difficult area would remain unsubstantiated.

10. 18 Week Pathway

Dr Donal O'Donoghue sought the advice of CAB on how this policy could be used to the advantage of renal patients. It was agreed that it should be applied to vascular access and processing agreed living related donor transplantation surgery. In general nephrology there could be a requirement that a care plan for a referred patient should be in place by 18 weeks.

11. Peer Review Workshop

CAB had taken a neutral stance on this issue and await the deliberations of The Royal College of Physicians (London).

12. Chairman Business/AOB

CAB agreed to nominate Dr Neil Ashman to represent The Renal Association for the preparation of guidelines for the management of TB and latest TB in patients with renal failure. These are being prepared by The British Thoracic Society.

Dr Lawrence Goldberg updated CAB on his draft Guidelines on the Management of Renal Units during an Influenza Pandemic.

Date of Next Meeting

To be decided and arranged by Dr Harris, Clinical Vice President elect.

This committee/group will observe the requirements of the Freedom of Information Act 2000, which allows a general right of access to recorded information held by the ORH, including minutes of meetings, subject to the specified exemptions, including Data Protection and Caladicott Guardian principles.

The Authorisation of Clinical Practice Guidelines by the Clinical Affairs Board

The Clinical Affairs Working Party 2004 advised on the future work of the "Standards" now "Clinical Practice Guidelines Committee", recommending that the process of writing, consulting and approval should be streamlined and co-ordinated with the other two key committees – Clinical Services and Registry.

It recommended the appointment of Expert Groups which could include members of the MDT and other organizations. (In practice we have appointed two RA authors and asked them to consult widely within and out the Renal Association). It also recommended, "***There should still be review of the proposals of the Expert Groups by the full Standards and Audit Committee."***

Because The Clinical Affairs Board is charged with the responsibility to,… ***"oversee and integrate the work of the three Committees on behalf of the Executive Committee."*** it will take responsibility for the Guidelines as follows:

1. CAB will in consultation with the Clinical Practice Guidelines Chair nominate the experts to draft the Clinical Practice Guidelines. They will be asked to agree that as the Clinical Practice Guidelines will be the policy of the Renal Association, not the personal recommendations of individuals, final editorial control and responsibility will rest with the board that commissioned their preparation.
2. It will ensure that the elected and selected individuals on the CAB contribute to review and communicate any comment to the authors direct. However they will have no specific veto over content or authority because they are members of CAB. It is especially important to have the views of the Registry and Services Committee Chairs to check and agree that the recommendations are not in conflict with their areas of responsibility.
3. When the final version is available and approved by the Chairman of the Clinical Practice Guidelines Committee it should come to CAB. The Clinical Practice Guidelines Chair should have satisfied him/herself that there had been consultation, satisfactory responses to comment and queries and that the other members of his own committee agree that there are no contradictions/conflicts with other Clinical Practice Guidelines. The Clinical Practice Guideline should be submitted for formal sign off by CAB. If the processes have been followed this will be a formality. However, given the status and authority of the Clinical Practice Guidelines, the Clinical VP on behalf of the CAB should have a final opportunity to review them to allow him/her to vouch for and defend them on behalf of the Renal Association in the future. Any disputes over content not resolved at Committee level will in the first instance be decided at CAB. If consensus is not reached the final arbiter will be the Executive.

C G Winearls 18/07/07