

**Renal Association
Clinical Affairs Board**

**Minutes of the Sixth Meeting
Held on 14th March 2007 at 4.00pm, The Novartis Foundation, London**

Present:

C G Winearls (Clinical Vice President, Renal Association - Chair)
C Tomson (Chair, Registry Committee)
K Harris (Chair, Clinical Service Committee)
J Kwan (Renal Association, Executive Nominee)
L Goldberg (Renal Association, Executive Nominee)
D Wheeler (Guidelines Committee)
R Fluck (RA Executive Nominee)
D O'Donoghue (National Clinical Director, Kidney Care)

1. Apologies

None.

2. Minutes of the Previous Meeting – 4th October 2006

Approved.

3. Matters Arising

None.

4. Registry Matters (CT)

Responses to the Chairman's consultation document were provided. It was suggested that the diagnostic codes of primary renal diseases, cause of death, ethnicity and co-morbidity should be updated and refined.

NDT would not be able to publish the report in time for the Renal Association Annual Meeting.

The website is to be improved.

CT described the Quality Improvement Initiative to be developed from Registry data.

RF reported the intention to report the one year follow-up data on the original survey. Some data albeit incomplete, of the second survey will be in the annual report.

There were discussions on the methods of collecting access data in the future – electronic or paper. An easy to use electronic reporting system was favoured.

5. **Clinical Services Committee (KH)**

a) CAB would make the West Midlands Renal Transplant Standards Document available for Clinical Directors without formal endorsement. The Clinical Guidelines on medical aspects of Renal Transplantation (authors: C Dudley and P Harden) would be the official Renal Association policy.

b) **PBR**

Would not be introduced in 2008. Finance Director of Trusts should be encouraged to submit realistic estimates of the costs of renal services.

c) **eGFR and CKD Survey**

The eGRF/CKD survey results had been posted on the website. CAB acknowledged that there were differing opinions and looked forward to the NICE appraisal of the topic.

d) A successful CD forum had been held in March.

6) **Guidelines Committee (DW)**

DW described the current status of the modules. Only the AKI module was outstanding.

Module 1 CKD the authors had responded to comments but L.G. wished to resolve some outstanding differences in opinion.

Module 2A Haemodialysis was now “locked”.

Module 2B Peritoneal Dialysis had been posted and was close to being “locked”.

Module 3 Complications are still in consultation but would be locked in 1 month.

Module 4 Transplantation. A draft had been received and was being reviewed by BTS before posting.

Module 5 Acute kidney injury was still in preparation.

CAB agreed that the posting of Guidelines should be flagged to CDs and consultation improved.

As the Guidelines move to be web based it was agreed that their presentation on the RA site should be professionally prepared preferably with links to references.

7) **Renal Advisory Group (DO'D)**

DO'D tabled a report and briefed CAB on PBR, Health Care Commission renal audits; ISTC's for haemodialysis; the HCAI conference on 8th March; End of Life Care Strategy.

8) **NPSA and Critical Incidents (CGW)**

It was agreed that the RA would act independently of NPSA and post critical incidents, the cause resolution and presentation on the RA website. The Chairman

of Clinical Service would be the controller of the site and would alert CDs to new postings.

9) **NHSLA Tie In (CGW)**

CAB was advised of this. Premiums for Trusts would be lower if they met safety standards. Renal units could use this as a lever in negotiations for resources.

10) **Transplantation Matters (CGW)**

a) The BTS guidelines on high risk recipients of LRD kidney transplants had been responded to and a new draft was expected.

b) The BTS Questionnaire on "Access to Transplantation" had been sent out with a covering letter from the RA and BTS Presidents. CT looked forward to receiving the details of the agreement and the funding of his analysis by the R.R.

11) **18 Week Project (CGW)**

Although this is not a major issue for renal patients, its requirements could be a catalyst to improving diagnostic services.

12) **Electronic Prescribing Functional Specification**

CAB were advised of the work on this project.

13) **Clinical Effectiveness Workshop (RCP)**

Dr C Tomson agreed to report CAB and express his views on the utility of peer review.

14) **Chairman Business/AOB**

This was the last meeting attended by RF who retires from the Executive in May. (His contribution and experience as a CD would be missed. His work on vascular access had been outstanding). The Chairman uses these minutes to formally thank him.

Dr Wheeler would retire as Guideline Chairman when the last module had been locked.

Dr Winearls retires as Clinical Vice President in August.

Date of Next Meeting

Next meeting to be held in Oxford early in July on a Wednesday at Jesus College and followed by dinner. The new Executive member would be welcomed and Dr Fluck invited to be a "guest" at dinner.

C G Winearls 22.03.07