

**Renal Association
Clinical Affairs Board**

**Minutes of the Fifth Meeting
Held on 04th October 2006 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 O'Donoghue (President Elect and RAG)

1. Apologies

David Wheeler (Chair, Guidelines Committee) and R Fluck (Renal Association Executive Nominee).

2. Minutes of the Previous Meeting – 23 February 2005

Approved.

3. Matters Arising

None.

4. Registry Matters (CT)

CT tabled his strategic plan which was extensively discussed.

LG tabled his critique of the last Registry Report. He suggested that index of tables could be excluded and that appendices were put on the website only. It was agreed that survival of incident patients on RRT broken down for age, sex and co-morbidity would be useful as would long term transplant survival. Units would welcome the ability to prepare a centre specific report for their clinical governance departments. The website could be developed.

CT proposed the collection of data on all Stage 5 CKD patients. This was supported but it was acknowledged that renal units would have to develop the routine of classifying them as such.

5. Clinical Services Committee (KH)

a) **HRGV4**

HRGV4 was acknowledged as being beyond the influence of CAB.

b) **PBR**

A draft template was tabled and discussed. This was thought to be a useful starting point and drew on a variety of practices round the country. It was

unlikely that the details would be acceptable to all units but KH would take this template with suggestions from CAB and work on it formally with contributions from clinical directors, kidney unit business managers and commissioners.

c) Review of Commissioning Arrangements for Specialised Services

It was generally felt that this proposal would benefit renal services but formal acceptance by Government was awaited.

d) RA Submission to NICE on CKD

KH and LG on behalf of CAB had provided comments on the scope for NICE guidance on CKD. At this point there was a full discussion on the overall implications of the introduction of the K/DOQI classification of CKD with automatic eGFR reporting. CGW raised concerns about the classification, the accuracy of eGFR and the implications of classifying large numbers of elderly patients as having a chronic kidney disease. It was agreed that the effect of the roll out on renal units would be assessed by questionnaire.

6. Standards Committee (DW)

DW was not present but progress on the modules was discussed. Two are on the website for consultation and two others are close to completion.

7. Briefing (DO'D on behalf of RAG)

- (i) A patient leaflet on CKD had been commissioned.
- (ii) There were further discussions on the QOF and the assessment of its implementation.
- (iii) There were to be learning sets in acute renal failure in Preston and the Hammersmith Hospital; a further learning set on adolescent transfer to adult renal units in Birmingham and Great Ormond Street; and a learning set on the pre-dialysis in Leeds and Cambridge.
- (iv) He described a national initiative to collect data on all MRSA septicaemias.
- (v) There was further discussion on independent sector treatment centres, data collected by the department from specialty commissioning groups had not yet been analysed. The pilot of ISTCs in Cheshire, Merseyside, Hull and Sheffield was proceeding.

8) N/A.

9) ePrescribing

The document was tabled but did not require discussion.

10) Collection of Data on all Stage 5 CKD Patients

See Registry.

11) **Renal Clinical Incidents**

The Chairman had received a letter suggesting that the renal units should share their critical incidents on the RA website. CAB felt that this could create problems of confidentiality and suggested that instead this should be dealt with by the National Patients Safety Authority.

12) **HCAI**

CAB had been asked to endorse a toolkit on dealing with the problem of MRSA in renal units as part of the "Saving Lives" challenge. There were useful elements to this document which was formatted in a management style that clinical directors would find difficult. Rather than endorse the document in its entirety, CAB agreed that it would draw clinical directors attention to it as a resource that they could use in dealing with the problem.

13) **QOF (LG)**

LG raised the issue of how those setting the QOF were receiving their advice on blood pressure targets and asked whether nephrologists were being consulted. It appeared that the recommendations were based on literature reviewed and existing guidelines.

14) **Chairman Business**

N/A.

Date of Next Meeting

Date of next meeting February 2007, at a date to be agreed, at The Novartis Foundation, London.