BAPN ANNUAL GENERAL MEETING AGENDA
29 May 2015, 1.30pm, London Suite Room 5, ExCeL Centre, London

Present: Jane Tizard (EJT), Martin Christian (MC), Rachel Lennon, Arvind Nagra (AN), Jan Dudley (JD), Richard Coward (RC), Mohan Shenoy, Rukshana Shroff (RS), David Hughes (DHu), Dal Hothi (DHo), Paul Winyard, Mordi Muorah, Larissa Kerecuk (LK), Detlef Bockenhauer, Moin Saleem (MSa).

1 Welcome
EJT welcomed everyone to the AGM.

2 Apologies
Received from Manish Sinha, Andy Lunn (AL), Kay Tyerman (KT), Hitesh Prajapati (HP), Lesley Rees.

3 Minutes of Winter Business Meeting (12 December 2014)
These were approved as an accurate record of the meeting. There were no matters arising.

4 President’s report (EJT)
EJT thanked the BAPN for the privilege of having led the association for the past 3 years. Over this time the BAPN has become firmly embedded in the RA. She thanked the exec for their contributions, specifically mentioning MoS who has completed his term role as ordinary member and Sally Hulton, who has stepped down from the job share with RC as Co-Research chair. EJT particularly thanked MC for his support and organisation which has been immensely helpful during her presidency. She welcomed DHu as the incoming President.

Commissioning
Rituximab. Following the consultation period for the rituximab policies in SSNS and SRNS Nick Webb, MSa and EJT contributed to the response to the consultation; the policies will go to the Programme of Care Board within the next week and then to Clinical Priorities Advisory Group with an anticipated outcome in mid June. As more published data becomes available the policies may be amended. It will be essential for patients to be enrolled in RaDaR to fulfil the eligibility criteria.

Cystinosis. Proposal is still in preparation. Last meeting of group 1 June, after which BAPN will have an opportunity to comment.

Co-dependencies. This issue has come up again for consultation. More updates to follow.

RIGB
Group met on 28 May.

RaDaR is progressing/recruiting. There is a need for a RaDaR mindset which seeks to register at every available opportunity. EJT welcomed ideas for promotion within individual units. There is to be further funding from KRUK to allow some development. However individual groups need to seek their own funding for on-going studies. DHu raised the issue of raising expectations that are currently unable to be met because of limitations on resourcing to add in bioinformatics and some discussion followed. Plans for UKRDC are progressing (planning...
to go live in 2016) which will partly address this.

*Patient View* is beginning to interact with other systems (PV2 will work on mobile devices and will enable data entry from /access from different sources/ authenticated applications). Funding issues seem to be resolving.

*Capitation fees*. No change this year but likely to increase to £20 from 2016.

Meetings

BRS 2015 Leeds (AN speaking on Ready, Steady, Go); ESPN 2015 Brussels; combined RA/BRS meeting for 2016; ESPN 2017 in Glasgow – LOC meeting tomorrow.

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### Secretary’s report (MC)

*Constitution change*

The proposed constitution changes to allow a 4-year presidential term with first year as president-elect and overlapping with predecessor were discussed. A 4-year term was not felt to be a barrier to individuals applying in the future. A full year shadowing was felt to be the most practical solution to make allowances for the president-elect not being able to attend every meeting in that first year. All members present were in favour of the proposed constitution change, which was therefore passed.

*Membership*

There are currently 134 members of which 62 are consultant paediatric nephrologists. This is unchanged from a year ago. After individually contacting non-member consultant paediatric nephrologists, most had unintentionally allowed their membership to lapse through non-payment of RA annual fees. MC will continue to be provided with a list of lapsed members after MCI have sent out reminders.

*ENews*

ENews will have 10 editions from this year – a combined July/August edition and an absent December edition. The 10 editions are timed so that they can be used as the vehicle to deliver briefing papers to members ahead of the AGM and Winter Meeting, and the subsequently to contain documents relating to the presentations that took place at these meetings. Members are encouraged to check eNews regularly for these important documents.

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### Treasurer’s report (AN)

AN shared the financial report for 2014-15. £23,924 remains in the ring-fenced fund. AN has investigated investment options for this fund. A high-interest account would not yield a good return and Premium Bonds are only permitted in an individual’s name. She plans to explore investment options with other RA funds and will report back to a future general meeting. In December the BAPN had £1216 remaining from its £4,000 annual expenses top-up it receives from the RA at the start of each calendar year. EJT felt that by the end of December, this sum was almost depleted. With greater exec expenses anticipated from this year, AN/DHu will re-negotiate that amount. EJT has original documentation of the agreement. Action: AN/DHu/EJT

The AKI fund remains stable at £2426. The trainees’ fund currently has a balance of £5356.

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### Clinical standards and guidelines (JD)

CS&G committee has comprised: JD, AL, MS, Meeta Mallik, Jelena Stojanovic, Lyda Jadresic and DHo. The BAPN has been successful in securing a paediatric renal voice for all relevant national guidance calls. Shared RA guidelines have not progressed. EJT reported that the Trustees are now supportive of JD’s suggestion for formal project management. BKPA may be receptive to a funding request but will need to be reassured of a sustainability plan. Consensus pathway for ADPKD is due to be circulated to BAPN for feedback in near future. Further BKPA funding (£38k) for infoKID has been secured. This is for evaluation of the project but JD hopes this might include some work on parent/carer clinical decision aids. A table of current progress with pertinent NICE guidance was shared.

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### Clinical services committee report (DHo)

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Monitor have listened to feedback from paediatric subspecialty groups. RA also met with Monitor to discuss reduction in IP tariff and they have responded with an option for individual hospital trusts to opt in or out of the new tariff. There was some further discussion about the variance in out-patient tariffs for different specialist services (but not paediatric nephrology) and the wide variance in locally-negotiated tariffs for individual paediatric renal units. DHo has had no response from an email to individual unit leads about how to progress this. Some discussion followed about how to arrive at a costed tariff, how this had been achieved for the adult nephrology national tariff and the difficulty with paediatric renal services due to the differences between secondary, tertiary and quaternary work between different units. RC asked if paediatric renal units are net gainers or losers within children’s hospitals and differing answers were given from members present. EJT suggested that commitment to taking this important work forwards was needed from each of the 13 paediatric renal units so that it might be discussed further at the next exec. **Action:** MC to email individual unit leads asking for nominated individual.

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**Quality improvement and innovation group (JD/DHo)**

JD described the difficulties the CSGG has had in finding opportunities to meet and the lack of an over-arching structure. The role of co-ordinating responses to NICE guidance proposals can be done by an individual rather than committee but other opportunities have presented themselves requiring the need to broaden the scope of the existing CSGG. DHo discussed how there is a current climate seeking ways of delivering care differently that will save money and improve quality. A new QI group could co-ordinate the BAPN’s responses and support applications for innovation funding (Health Foundation, NIHR etc). Parallel to developments in BAPN thinking on this issue, RA have just launched at QI group. DHo and JD have been invited to join. The plan is for this RA work to be regionalised but it was stressed that paediatric elements will need to remain as a national voice. Feedback to JD’s briefing document is needed from BAPN members. RC suggested this might be a focus for the Winter Meeting with a session in which QI theory can be explained more and ideas might be shared. **Action:** All BAPN members to feedback on QII briefing paper and suggest QI ideas for inclusion in the Winter meeting.

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**Registry and Audit Committee report (MS)**

Manish Sinha was unable to attend. His report, which will appear in the Annual Report, was taken as read.

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**Research report (RC)**

RC reported on a well attended/well-received joint endocrine-renal session at this year’s RCPCH meeting. The prize for best trainee presentation was won by Jelena Stojanovic. Next year’s session will be shared with gastroenterology and ideas for topics/speakers are sought. NRRS

Work is developing. The group are highly supportive of the need for paediatric renal research.

**Developing research priorities for the future**

Slow at present and RC suggested a face-to-face meeting would be helpful to re-energise. Flagship research studies

Nidus project has received NIHR funding and is due to commence recruitment in 2016. The pilot study proposal for ECUSTEC received the recommendation to submit a full application with a stop-go element and this is currently in progress, having sought individual unit’s views on the use of plasma exchange. Recruitment for PREDNOS2 has been slow recently. Individual members are asked to be aware of patient’s individually changing circumstances meaning evolving opportunities to recruit. RS presented the latest update in recruitment for the haemodiafiltration vs conventional haemodialysis study (3H study). The study compares changes in carotid artery intima-media thickness (cIMT) and height between the two modalities. Target recruitment is 150 patients. The study is 15 months in and has recruited...
90 patients from 9 European countries. 18 new sites are about to be opened. RS also discussed the Binders for Bones (B4B) study which will compare bone density and cardiovascular measures in children and young people taking calcium vs non-calcium binders. Travel grants. Tamara Mallett, Jelena Stojanovic, Hitesh Prajapati all applied for a BAPN travel grant for poster presentations at the ESPN in Porto and were awarded £300 each as a contribution to attending. Trainees reminded to submit applications for support to the research secretary by 30 August 2015.

| 12 | **CSAC report (RC on behalf of KT)** |
|    | **CSAC membership** |
|    | CSAC comprises: KT, Caroline Booth (specialty advisor, appointed November 2014), RC as trainee advisor; EJT and MC sit on as quality advisors (DHu to take over from EJT at next meeting); LK is an assessment advisor; HP is trainee representative. Munir Ahmed is co-opted to represent SPIN paediatrics; Jeremy Levy has agreed on behalf of RA training committee to identify adult nephrologist to attend annually. |
|    | **Nephrology GRID 2015** |
|    | There 5 applicants shortlisted for interview on 5th December 2014. Four trainees were appointed, due to start September 2015, taking up posts in Nottingham, Birmingham, Evelina/Great Ormond Street Hospital and Bristol. |
|    | **Current Trainees** |
|    | There are currently 11 GRID trainees. Three further trainees have recently gained their CCT and two are expected to gain their CCT during 2015. GRID training days are held twice per year (Liverpool & Leeds in 2014). The first meeting of 2015 was held in Glasgow in January - excellent programme attended by 9 trainees. The CSAC Chair (KT) and Research Lead (Sally Hulton) both attended and formally met up with grid trainees to assess progress against the curriculum and to provide support and mentoring. A report was registered on the e-portfolio for trainees and their supervisors to access and to be used as part of the trainee’s ARCP. A further Training meeting is scheduled for June in Southampton. |
|    | **New appointments** |
|    | Two substantive consultant appointments in 2014 (Birmingham and Glasgow) and an academic appointment at UCL/GOSH in 2015. Further substantive appointments are expected in 2015 throughout the UK. There are also an increasing number of general paediatric consultant posts advertised with nephrology SPIN. |

| 13 | **Ordinary member’s report (MoS)** |
|    | World Kidney Day for 2016 will be March 10. A number of events are planned. More information available at [www.worldkidneyday.org](http://www.worldkidneyday.org). The role of the ordinary member will now include representing the BAPN on the RA Equal Opportunities in Nephrology (EON) group. |

<p>| 14 | <strong>BAPN meetings update (MC)</strong> |
|    | The Winter Meeting continues to be the most well-attended BAPN general meeting. It is often a rushed meeting with insufficient time to discuss business issues, network informally and often a tight academic programme. The exec recently discussed plans to trial a 1½ day meeting that would commence on Thursday afternoon with a business meeting, followed by dinner and an overnight stay. This would leave all Friday for a more expanded academic programme. The suggestion was welcomed by members present. A suggestion to seek pharmaceutical sponsorship (from more than one company) was made and will be discussed at the next exec meeting. |
|    | The French paediatric nephrologists (SNP) have agreed to move the venue for the proposed Anglo-French meeting in November/December 2016 to Paris to facilitate easier travel for the British contingent. A teleconference to begin planning is due to take place in the near future. This meeting would take the place of the Winter Meeting for 2016 and would include a BAPN-only business meeting. |</p>
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<td>15</td>
<td>Heather Maxwell was unable to attend. A first meeting of the local organising committee is planned for 30 May during the ERA-EDTA conference.</td>
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<td>16</td>
<td>No other business was introduced. The meeting concluded at 3pm.</td>
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