

**Renal Association
Clinical Affairs Board**

Monday, 20th, May 2013 1.30-4.30pm.
Euston Square Hotel, North Gower Street, London.

Present: Martin J Raftery (MJR), Mike Robson (MR) Andrew Lewington (AL)

1. Apologies: apologies were received from David Wheeler (DW), Graham Lipkin (GL), Damian Fogarty (DF), Alistair Hutchinson (AH) and Richard Fluck (RF).

Unfortunately the meeting was probably not quorate, but all of the apologies were received quite late and it was too late to cancel it, as trains had been booked etc.

2. Minutes of last meeting: These had been previously circulated and there were no amendments.

3. Matters arising: there were none.

4. Clinical Guidelines Committee: There was some discussion, as to the relationship between the Renal Association Guidelines Committee, the various writers of the guidelines and KDIGO. While it was felt that the KDIGO guidelines were useful, they were often very long and did not always wholly apply to UK practice. Furthermore, they were not NICE accredited whereas the Renal Association Guidelines are. It was, therefore, felt that where KDIGO wrote a substantive set of guidelines, that there would be a commentary by the Renal Association guidelines writers regarding that particular guideline, rather than re-writing a whole document. AL mentioned that there was a new iteration of the hyperkalaemia document, that there was a new web design on the guidelines and that paediatric appendices were being written for various guidelines. MR promised to liaise with Liz Lightstone regarding a document on the management of glomerulonephritis and it was likely that the Renal Association would be write a commentary on the KDIGO glomerulonephritis guidelines document in due course. The updates that were due this year were blood borne viruses, haemodialysis/peritoneal dialysis access and a new document on dialysis withdrawal that was being led by Graham Warwicker from Leicester.

5. Clinical Services Committee: Graham Lipkin (GL) was not present so there was no report from the clinical services committee.

6. UK Renal Registry: The Chairman of the renal registry (DH) was at the EDTA meeting at Istanbul and could not attend, so there was no report.

7. Proposal by Kidney Alliance to write a renal NSF for post 2014: MJR gave the Committee on progress regarding the Kidney Alliance. The NKF had withdrawn from the Kidney Alliance at the beginning of 2013 on the grounds of financial distress. The BKPA and Kidney Research UK had also withdrawn at the beginning of the financial year and as a result of this, the Kidney Alliance was no longer a viable concern as half of its funding had been lost. It was planned that there would be a formal winding up meeting in July 2013, since it was a constitutional requirement to give a three month notice of dissolution. MJR also informed the Board that there was

a proposal by what remained of the Kidney Alliance and in particular the President of BRS and the Director of the Kidney Alliance to write what amounts to basically a follow a new version of the renal NSF, which would replace the current one, which lapses in 2014.

8. Cost pressures in delivery of renal services in cash strapped climate: There was a brief discussion of the effect on financial stringencies in the NHS on the quality of renal services. Once again, it was felt that there was a major problem with transfers in of emergencies to tertiary units because of bed pressures. Many cases of AKI were having to wait 48 or 72 hours prior to transfer, when immediate transfer was usually indicated. It was also felt that the bed pressures were being exacerbated by the more widespread use of extended criteria donors with recipients having long periods of delayed graft function and so occupying beds for much longer than had been the case ten years ago. It was also noted that there were continuing problems with nursing skill mix and patients' had complained to individual Clinicians' about feeling at risk at night because of low levels of Nursing cover.

9. Outputs from Clinical Reference Groups: There had not been a great deal of information from the Clinical Reference Groups, but it was noted that there was going to be a CQUIN for AKI, which aimed to reduce the incidence by 20%. The Board felt that this was rather a nebulous concept since there was not really good data about the incidence of AKI and without solid data about the incidence, it would be very difficult to propose a percentage reduction.

10. PbR tariff for dialysis and proposals for 2013-14: It was noted that the PbR tariff for dialysis had actually been modified on the basis of input from CAB. The proposed relatively swingeing reduction in tariff for CAPD had been moderated significantly and, as such it seemed likely that the anticipated reduction in access to CAPD would not occur.

11. AOB: There was a brief discussion about the relationship between the BRS and the Renal Association. MJR told the Board that there was a planned away day in June attended by senior representatives of both organisations at which this was going to be discussed in some detail and the Clinical Affairs Board would be updated in due course. There was no other business.

12. Date of next meeting: 16th September 2013, 1.30-4.30pm. Euston Square Hotel, North Gower Street, London.