BAPN AGM

Birmingham Children’s Hospital

Friday Dec 4th 2009

Minutes


Apologies: Andrew Lunn, Anne Durkan, Tim Chambers, David Hughes, Iqbal Javed, Jean Smellie, Caroline Jones, Larissa Kerecuk, Lesley Rees, Mairead Convery, Meeta Mallik, Maurice Savage, Mohan Shenoy, Henry Morgan, Nadeem Moghal, Sandra Iragorri, Rukshana Shroff, Sally Johnson, Manish Sinha, Stephen Marks, William Van’t Hoff.

1. Minutes of last meeting
   a. These were agreed as a true record of the meeting

2. President’s report
   a. Mary McGraw welcomed the Members of the association and explained the new format of the day which is to be a shorter AGM followed by presentations on a number of areas including National Guidance, trainee presentations, service evaluation and State of the art lectures.

3. Secretary’s report
   a. Merger with RA
      i. JT reported that the BAPN would become a division of the RA on 01.01.10. This will be announced via the RA December e news. The RA and MCI had been very welcoming and generous with their support.
      ii. BAPN E mail has been established: bapn@mci-group.com
      iii. Membership categories will be
           1. Full £100
           2. Associate (SPIN) £ 30 (this will not include subsidised attendance at the RA meetings)
           3. Trainee £ 50
           4. Overseas £ 30 (to be confirmed)
iv. All BAPN members who are not RA members will be contacted to arrange membership.

v. The BAPN Constitution will need to be amended and will be presented to the Association at the next business meeting in May.

b. Membership of committees
   i. Standards and Guidelines group
      1. Lyda Jadresic has been elected to membership of this group.
      2. A further position will be available in March when Jan Dudley completes her term of office.
   ii. Executive positions
      1. There were 2 nominations for ordinary member within 5 years of appointment: Rachel Lennon and Simon Waller. There will be an election shortly.
      2. Secretary –Sally Feather will take up post in May 2010.
      3. Clinical Services Committee- Milos Ognjanovic will take up post in May 2010.
   iii. RA International Committee
      1. Alan Watson has completed his term of office and nominations for this post will be sought soon.

b. New members
   i. Dr Nic West –Grid Trainee Bristol
   ii. Dr Avanish Tantry –Trainee Leeds
   iii. Dr Pallavi Yadav Trainee Newcastle
   iv. Dr Mignon McCulloch Consultant Evelina Hospital London

d. H1N1 recommendations for management in renal failure
   i. The final version of these is now available on the RCPCH website and will be put on the BAPN website shortly.

e. Green Nephrology
   i. Andrew Connor has a nominated contact in all paediatric Units. Everyone is encouraged to support this initiative. There will be a survey of current practice and sharing of good practice.

f. Workforce planning
   i. Still awaiting information from some Units for BRS project. This will look at workforce numbers as well as considering quality issues.
   ii. Retirement dates /expected positions will be reported annually– still waiting for some responses too.

4. Treasurer’s report  
   a. Current balance £135,068
   b. £100,000 of this has been allocated to HD project but awaiting result of NIHR funding (postscript NIHR funding unsuccessful so this money will be paid to fund the project on myocardial stunning in haemodialysis).
   c. £10,000 pa is required to fund the CSG. Negotiations to be made with KKR to support this on a regular basis.
   d. RA has agreed to support current donation £300 pa for Kidney alliance (and up to £750 total pa for donations on behalf of the BAPN for 5 years and then this will be reviewed).
   e. KKR has agreed to pay £10,000 on behalf of BAPN to the European registry. This is a one off payment and in addition to other funds given to BAPN by KKR
   f. Adjudication of grants
      i. Current pathway is via KRUK grant application process. KRUK agreed to supplement £50,000 if grants awarded, however this has not happened yet and no grant was awarded in 2009 through this route.
      ii. 3 options for future
         1. CSG act as review panel with KRUK representatives (enabling the top up to continue)
         2. KRUK manages the process as currently
3. CSG administers separately from KRUK
4. MS is in liaison with Neil Turner

g. KKR's own separate grants have been advertised through individual units recently.

5. Registry Report  Carol Inward

a. Registry returns for the 31/12/08 census date were returned via renal IT systems directly to the UKRR from those units with access to a renal IT system capable of handling the paediatric dataset. Units submitting electronically were Birmingham, Bristol, Cardiff, Leeds & Nottingham all via CCL PROTON. Paper returns were sent to Manchester for entry onto the BAPN database prior to encryption & electronic transfer to UKRR. Some technical difficulties in the data extraction were encountered but this is to be expected in this period of transition

b. The BAPN database has been relocated to the UKRR and all future returns will be processed at the UKRR. Statistical analysis was undertaken by colleagues at UKRR. The paediatric chapters for the report are in preparation. These will focus on demography, anthropometry and laboratory parameters and provide centre specific data. Paediatric data is being collected on an annual basis at present – the next census date is 31/12/09. For the 2009 collection electronic returns via Proton are expected from Birmingham, Bristol, Cardiff, Leeds & Nottingham but also from the London units – Evelina Children’s Hospital and The Hospital for Sick Children Great Ormond Street. It is possible that Manchester (Clinical Vision) and Southampton (bespoke system) will also submit electronically. Paper returns are expected from Belfast, Liverpool, Newcastle & Glasgow. The longstanding problem of access to Mediqal for Belfast remains unresolved.

c. Audits

i. The audit of renal biopsy undertaken by Farida Hussain on behalf of the BAPN has now been published and a re-audit is planned once standards have been agreed.

ii. Blood pressure audit undertaken by Manish Sinha on behalf of the BAPN – planned to be published in 2010.

iii. An audit of anaemia management is in process led by Shazia Adalat.

iv. A proposal to audit dialysis in infants is in development and will be circulated in due course. Helen Jones (trainee) will lead this project with support from Sally Hulton & the audit & registry committee.

v. Suggestions of topics for future audits & registry reports are welcome.

d. A collaborative study between that adult and paediatric registries to look at young adults receiving renal replacement therapy is due to commence shortly.

e. Plan for paediatric trainee based at UKRR undertaking epidemiological research for a higher degree and providing support to paediatric registry report is being explored.

6. Research report  Moin Saleem

a. The CSG meetings will now be 4monthly rather than 6 monthly

b. Studies in development

i. UTI/ANH study submitted to HTA will be revised and resubmitted by Jan Dudley

ii. Rituximab in NS children and adults, A Koziel

iii. ARBs in CRF submitted to HTA K Tullus

iv. Taurolock Study –C Jones -not yet submitted

v. Vitamin D study started with local funding R Shroff

c. Funded studies
i. N/S study Nick Webb
ii. RADAR M Saleem and M Taylor
d. RCPCH Meeting Warwick
   i. Not linked to any other specialty this year
e. RA/BRS meeting
   i. No dedicated paediatric session. Abstracts to be encouraged.

7. CSAC report
   a. Currently 16 trainees
      i. 9 CCT
         1. 2 on maternity leave
         2. 2 in locums (Evelina and Newcastle)
         3. 3 abroad, 2 in training positions Toronto, Paris and 1 in India
         4. 1 community post
         5. 1 locum SpR post
      ii. 7 pre CCT
         1. 2 on Maternity leave
         2. 3 in research
         3. 2 in clinical posts
   b. 3 recent consultant appointments -2 in Glasgow and 1 in GOSH
   c. Posts available
      i. Locums
         1. Leeds due to be advertised
         2. Cardiff may be advertised
   d. Grid applications
      i. 25 received, 6 posts, Interviews Friday 11th December. The number to
         be appointed yet to be decided but in view of the current number of
         trainees an predicted consultant vacancies in the near future this
         number will be restricted
   e. Competency module needs updating for tertiary paediatric nephrology
   f. Trainees meeting will be in Glasgow in January 2010
   g. Workforce
      i. Need to review numbers
      ii. It is likely that there will be little expansion of specialty consultant
          workforce in the near future

8. Standards and Guidelines report  David Milford
   a. David Milford has taken over from Lesley Rees as Chair of this group. Lesley
      was thanked for her contribution in establishing the group
   b. DM has asked for volunteers to update the HD, PD, Transplant, CRF and Acute
      Kidney injury and will be liaising with these groups.
   c. Birmingham recently participated in an external peer review. J Evans was the
      external consultant. This was thought to be useful exercise and should be
      considered for all BAPN.
   d. Patient reported outcome measures
      i. Lesley Rees has led this for HD at GOSH
      ii. Plans for similar exercise for PD and Transplant patients.
   e. National Kidney Care Pathway
      i. DM has requested word version from B Matthews to adapt for
         paediatric use
   f. Patient information
      i. Current revision of GOSH leaflets is being led by Leah Krischock
      ii. Funding being sought by J Dudley. Will link with BTS for transplant
          related information leaflets
   g. Renal biopsy standards being set following the biopsy audit.
   h. Guidelines
      i. 2 trainees undertaking guidelines
      ii. Atypical HUS guidelines published –Sally Johnson
iii. Need to have more focussed guideline for the trainees as full guideline too major an undertaking.

9. Clinical services committee report
   Mary McGraw on behalf of N Moghal
   a. Cost of dialysis project
      i. Data from 3 units-varied from £401-691. The variance is explained by difference in indirect costs. The Adult tariff is £135 and proposed paediatric tariff £250.
      ii. Recommendation is to use day case tariff until clarity and agreement on sustainable tariff.
   b. Access to pathology services
      i. Access to on-call variable with 9/13 Units reporting no formal on call
      ii. Further work required to define minimum acceptable standard
   c. Benchmarking project
      i. Data patchy and methodology flawed. Need to concentrate on quality outcome and not structures and processes

10. AOB None

11. Next AGM at RA meeting May 17th-20th 2010 date to be confirmed