Dear all,

First of all don’t forget your abstract submissions for UKKW 2017 in the pre-Christmas rush - deadline is 12 January 2017 - just click the link here to get straight to abstract submission and sign up to follow #UKKW2017 to receive regular programme updates.

I hope you already know that UKKW will take place from 19th - 21st June 2017 in the ACC, Liverpool - please read all about the meeting from AVP Phil Kalra below.

Secondly, congratulations to Paul Stevens who was elected for a 3 year term as a Trustee of the Kidney Disease: Improving Global Outcomes (KDIGO) Executive Committee in October. Paul joins KDIGO co-chair David Wheeler as an internationally recognised expert representing the UK in KDIGO’s global balance of leadership.

Finally, please clink on the link below to read the Being a junior doctor: Experiences from the frontline and Keeping medicine brilliant: Improving working conditions in the acute setting reports from the RCP. Donal O’Donoghue, as President of the RA, is a member of the RCP (London) council and contributes to all discussions relevant to all physicians. This platform, together with the Joint RA - RCP specialist committee on Renal Disease which is chaired by the RA immediate Past President (Bruce Hendry) ensures that our voice isn’t lost in national issues. I think Nephrologists at all levels are only too well aware of the current difficulties in recruiting trainees and increasingly low morale due to worsening workloads and conditions. These reports highlight the key issues for trainees and Keeping medicine brilliant introduces a series of recommendations to improve working lives of doctors at all career stages.

Best wishes to everyone for a happy Christmas!

with best wishes

Alison Brown
Honorary Secretary

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It is with great pleasure that we invite you, on behalf of the Renal Association, to join us at UK Kidney Week 2017.

The 2017 UK Kidney Week will be a high level educational meeting that will enable the multi-professional attendees to keep abreast of developments in clinical practice and cutting edge scientific development. It will be held at the Arena and Convention Centre Liverpool (ACC Liverpool) from the 19 - 21 June 2017.

The scientific programme consists of 25 symposia, generally organised in 3 parallel sessions throughout the 3 days of the conference. We have balanced the programme to ensure that 'something for everyone' is included and we have been particularly keen to make the meeting attractive to renal trainees, non-career grade staff, the practising clinician, members of the multi-disciplinary team as well as academic clinicians and scientists and the transplant community. Many sessions will integrate both the basic science and clinical aspects of topics so that scientists and clinicians will be able to obtain relevant CME of the full translational spectrum. We are anticipating that between 800 - 1000 delegates will attend UK Kidney Week 2017.

Abstract submission is now open! Details of the abstract submission process can be found on our conference website [www.ukkidneyweek.org](http://www.ukkidneyweek.org). There will be plenty of opportunity for you to present your own work both in the form of selected oral presentations and moderated poster sessions.

We are delighted that the conference will be held in association with the International Society of Nephrology (ISN) and the British Transplant Society (BTS), both organisations bringing expertise, renowned speakers and attendees to the meeting.

We very much look forward to welcoming you to Liverpool in 2017.

With warm regards,

Phil Kalra
Professor of Nephrology
Academic Vice President of UK Renal Association and Conference Chair

**Acute Kidney Injury**

The AKI programme is in its final few months and preparation has started on evaluating our activities and outputs. After the end of March, the website will be managed and maintained by the UK Renal Registry and we will ensure that all publications and information is regularly updated so that it remains a valuable resource for AKI related management and education.

Final work is also being done on the following:

- Completion of the Care Homes resources which have been well received in the pilot homes
- A risk matrix for AKI in secondary care
- A 'one-side guide' to AKI in children for primary care
- Guidance and a 'quick guide' to AKI for health and care professionals working in the community, including ambulance staff. The guidance will fit into existing e-learning platforms
- Lesson plans on AKI for undergraduate nursing schools for years 1, 2 and 3
- An exercise to map Think Kidneys AKI resources to NICE Quality Standards
- Communications with pathology laboratories regarding the measurement of AKI results

A final publication outlining all the work of the programme will be available for download or in hard copy for interested parties.

**Kidney Quality Improvement Partnership (KQuIP)**

KQuIP has listened to the community who defined priority national projects which are being developed by KQuIP with partners.

- Transplant First
- Home Therapy-improved access
- AV Fistula Access-improving incident and prevalent access rates for Haemodialysis

KQuIP is now moving to delivery and the workstreams have been developing delivery plans.

**Patient safety**: The RA/BRS Patient Safety Initiative has now been incorporated as a further workstream within KQuIP. This will allow a proactive approach to safety issues with support from KQuIP’s workstreams
Supporting Networks workstream is organising the first KQuIP/Registry regional day-long events. The first will be in the West Midlands in March 2017 followed by a further three during 2017. The UK Renal Registry will provide local data to support discussion and each region will select QI projects and training needs to focus on.

Projects is working to identifying existing QI projects which will become case studies for the KQuIP hub which is in development on the website and will be live by Jan 2017. [www.thinkkidneys.nhs.uk/kquip](http://www.thinkkidneys.nhs.uk/kquip) We are using the NHS Change Model to support QI projects. Work is also ongoing to identify QI project resources which can help improvers with their work.

Communications is working to decide the best channels for communication; using social media to raise awareness of KQuIP; the first newsletter for KQuIP will be sent out during December 2016. Sign up to receive it by email at [www.thinkkidneys.nhs.uk/kquip](http://www.thinkkidneys.nhs.uk/kquip)

Measurement and Understanding are gathering existing measurement information for the KQuIP Hub, identifying measurement tools appropriate for the multidisciplinary renal team use and tying this work into renal research.

Development - combining the original ‘leadership’ and ‘education’ workstreams, this newly configured team will review existing educational resources for QI for inclusion in the KQuIP Hub and will be creating the KQuIP faculty on which more information will follow in the New Year. An online survey has been created to gather baseline information about quality improvement education to help inform and guide the workstream’s initial work. We would like as many renal team staff as possible to complete the survey- it has only 6 questions and will take just a couple of minutes to complete. The survey is open until 31 December 2016, and will help us assess current knowledge levels of Quality Improvement (QI) and future training and education needs for everyone. Please help us and complete the survey by clicking on this link [https://www.surveymonkey.co.uk/r/KQuIP](https://www.surveymonkey.co.uk/r/KQuIP)

Staying in touch
We would urge you to sign up on the website to join the KQuIP community so that we can keep you informed of progress and include your QI work on the site. Join us by signing up at [www.thinkkidneys.nhs.uk/kquip](http://www.thinkkidneys.nhs.uk/kquip) on any of the pages.

If you have an improvement project in your Trust that you would like to share on the KQuIP site please email James.McCann@renalregistry.nhs.uk We would be happy to support the development of your story and promote it to others. Thanks to those with whom we are already working on case studies - looking good!

**Being a junior doctor**

The RCP recently published two reports titled 'Being a junior doctor; Experiences from the frontline' and 'Keeping medicine brilliant: Improving working conditions in the acute setting'.

Both reports explore the issues around physician morale across the workforce. *Being a junior doctor* is based on the survey of trainees conducted by our clinical fellows earlier this year, and the ‘evening with officers’ which took place in June. While *Being a junior doctor* will help to generate political and media interest in the issues around junior doctor morale, *Keeping medicine brilliant* introduces a series of recommendations to improve working lives of doctors at all career stages.

You can download the reports by clicking on the links below.

[Keeping medicine brilliant](http://www.thinkkidneys.nhs.uk/)
[Being a junior doctor](http://www.thinkkidneys.nhs.uk/)

**NHS Digital Consultation SCCI2210 on De-Identification of Data Items**

NHS digital are currently consulting on proposals to standardise how they collect data from the major national audits. The purpose is to improve the reliability of linkage between those datasets, and to decrease the need to use identifiable patient data. This is likely to affect any future sharing of data from the UK renal registry (UKRR) to NHSdigital to support commissioning of high quality kidney services. NHSdigital and the UKRR are discussing that directly.
We feel that any proposal to make the sharing of data and linkage easier, more reliable, and less prone to accidental disclosure of identifiable information is a good thing, but would value your comments. The Renal Association (RA) are planning a response supporting this proposal. The closing date for responses is the 9th December.

A link to the consultation documents can be found at https://nhs-digital.citizenspace.com/scci/didi.
If you would like influence the response of the RA please Email james.medcalf@nhs.net.

**Transforming Participation in CKD**

It’s any exciting time for the TP-CKD programme as we reach the end of phase 1 of the surveying (embedding measurement). Now that we have demonstrated that this is feasible, we now move into phase 2 - spread and sustainability.

Each team from cohort 1 has received CS-PAM (Clinical Support for Patient Activation Measure), PAM (Patient Activation Measure) and Patient Reported Outcome Measure (PROM) results, and as a programme we will be facilitating teams, offering a workshop to find ways to use their data to start to make changes in conversations and behaviours.

To support this the Intervention workstream has recommended a package of interventions which units can introduce to patients and staff to support and develop self-management skills.

An event for cohort 2 Trusts, held on November 8, was a very positive day where cohort 1 shared the challenges and learning from implementing ‘Your Health Survey’ and participating in the programme. They also facilitated cohort two teams in preparing a structured plan against time frames to enable the implementation of PAM/PROM.

The Patient Reported Experience Measure (PREM) was piloted throughout the Renal Units in England and all returns received have now been scanned and checked by the UK Renal Registry. We are very pleased with the response rate with 8,801 returns from 41 of the 52 units - an amazing effort by every involved. Work has begun on analysis of the data and a report with all the findings will be shared with the units before Christmas. We are also working closely with the University of Hertfordshire to validate the PREM Survey in preparation for the next roll out of the PREM Survey in 2017.

**PAVE trial**

Preservation of vascular access is a major consideration for our dialysis patients. PAVE is a double-blind randomised controlled trial to test the superiority of paclitaxel-coated balloons for preventing restenosis after fistuloplasty in patients with a native arteriovenous fistula. The primary endpoint is clinically-driven radiological or surgical re-intervention at the treatment segment. The PAVE trial is funded by NIHR and is currently recruiting at 6 UK sites, with 5 other sites about to open to recruitment. We need 211 patients in total and are looking for other sites that are interested in taking part. We are only including patients with a single stenosis (or tandem lesions that can be treated with a single drug-coated balloon). Thrombosis and central stenosis are also exclusion criteria. The protocol has been published in Trials (https://www.ncbi.nlm.nih.gov/pubmed/27175481). We would like to hear from sites that may be able to contribute 2 patients per month. Please contact the CI Michael Robson (michael.robson@kcl.ac.uk) or the trial manager Leanne Gardner (leanne.gardner@kcl.ac.uk).

**Kidney Research UK Update - Celebrating research at Holyrood**

Kidney Research UK funded researchers attended a special Scottish Parliament reception with politicians and patients celebrating renal research in Scotland this month. The reception was the latest in a series of high profile events highlighting the charity’s report *Renal research: from a pioneering past to a positive future for kidney patients.* See our website for the full story.

**Kidney Research UK Update - Hyperparathyroidism patient insights for Etalcalcetide consultation**

Patients with hyperparathyroidism have taken part in a Kidney Research UK survey on treatment preferences. The subsequent results of the survey have helped shape and inform the charity’s submission to the National Institute of Health and Care Excellence (NICE) on Etalcalcetide for treating secondary hyperparathyroidism. For more details, click here.
Kidney Research UK Update - Grant calls
The Kidney Research UK Project and Innovation grants round opens in mid December. Keep checking the website to start your application pronto when the round opens.

The NIHR Renal Disorders Speciality Group announces the launch of BISTRO study
BioImpedance Spectroscopy To maintain Renal Output (BISTRO)

BISTRO is an NIHR HTA funded pragmatic, multicentre randomised controlled trial to determine if incorporation of bioimpedance into the setting of the post dialytic weight reduces loss of residual kidney function in incident centre-based HD patients, with the potential to improve clinical outcomes, in particular dialysis related symptoms, hospitalisation and survival.

UK target: 516 incident haemodialysis patients
Minimum site target: 15 new haemodialysis patients recruited per site. However if a site is really interested and has an exceptional track record on delivery in renal trials, they should fill in the site feasibility form and a lower recruitment target would be considered on a case by case basis.

Study population: Incident haemodialysis patients with residual kidney function
Planned recruitment period: 03/01/2017 to 29/12/2017 (12 months)

Planned end of follow up: 31/10/2018
Primary objective: to demonstrate a clinically significant lengthening in time to anuria in those randomised to the BI intervention
Research grant provision to sites: Participating sites will require access to one or more Fresenius BCM machine(s). As BISTRO is funded by the NIHR HTA Programme grant, the purchase of the Fresenius BCM machine is considered a treatment cost. However BISTRO has agreed with Fresenius a discounted price for these.

BISTRO will provide FREE bespoke expert led training and technical support in making bioimpedance readings and interpretation for clinical assessments.

Sponsor: Keele University
Funder: NIHR HTA Programme
CI: Prof Simon Davies
Trials Manager: Dr Nancy Fernandes da Silva
NIHR UK Clinical Trials Gateway: CPMS ID 31766 (portfolio adopted)
HRA Approval: 4th October 2016

Site payment: App. £700 per patient completing trial

Contact us at NSTCCG.BISTRO@nhs.net to find out more!

BAME patients
Patients from the Black, Asian and Minority Ethnic (BAME) community are prevalent on the deceased-donor kidney waiting list but wait approximately a year longer due to a shortage of deceased-donors from the BAME community. While living kidney donor rates are better among the BAME community, there has been a slow decline in the number of living kidney donors nationally. While efforts continue to increase organ donor rates among the BAME community, these primarily focus on donation after death. The purpose of this initiative is to support projects targeting specific communities and locations from the BAME population, with the measurable outcome being an increase of living kidney donor rates.

http://www.nbta-uk.org.uk/2016/10/invitation-to-make-submissions-for-the-living-transplant-initiative-lti/

World Kidney Day 9 March 2017
Please put the date in your diary. The UK initiative is led by the Kidney Charities Together group (BKPA, Kidney Research UK, Kids Kidney Research, NKF and PKD Charity). We are encouraging renal units to get together with their KPAs and local patients to raise awareness of kidney health and the risks of kidney disease. The 2017 theme is kidney disease and obesity. If you want to register for a UK Support Pack if you are planning an event or activity, contact info@worldkidneyday.co.uk. Further information in due course at www.worldkidneyday.co.uk

Establishment of the UK Renal Trials Network
The UK Renal Trials Network (UKRTN) is a recently established UKRRC expert group which aims to provide methodological support, peer review and potentially endorsement to prospective investigators considering
Clinical trials. UKRTN membership includes a wide range of expertise including trials methodology and design (both adult and paediatric), conduct, regulation, statistics, health economics, patient involvement, the use of registries within trials, and trial set-up and coordination. The UKRTN will meet 3 times per year, with the next meeting taking place on the 7th of November in London. Prospective investigators are encouraged to submit outline proposals as early as possible in development, using the application form or upon request by email. Proposers will be invited to attend a UKRTN meeting for a round table discussion.

Current UKRTN members include: Thomas Hiemstra, Cambridge Clinical Trials Unit (chair), Richard Haynes (Oxford CTSU), Colin Baigent (Oxford MRC Population Health Research Unit), Fergus Caskey (UKRR), Claire Corps (Leeds Teaching Hospitals), Simon Davies (Keele University), Charlie Ferro (University of Birmingham), David Jayne (University of Cambridge), Phil Kalra (Salford), Iain MacDougall (Kings College Hospitals), Paddy Mark (University of Glasgow), John McMurray (University of Glasgow), Shahid Muhammad (Exeter), Dorothea Nitsch (LSHTM), Nick Webb (University of Manchester), David Wheeler (UCL), Claire White (Kings College Hospitals), Ed Wilson (Population Health, University of Cambridge). Inquiries may be directed to Charlotte Vogelmann (cv321@medschl.cam.ac.uk). The UKRTN website is under construction.

**Tumour Bearing Kidneys as Potential Donors (TAPER): a survey for healthcare professionals**

**Background of the survey:**

Renal transplantation is the treatment of choice for patients with end stage renal disease (ESRD). There is a significant shortage of organs to meet existing demands. This led to developing extended criteria for organ donation.

Currently there are over 5000 people on the transplant waiting list.

On the other hand, there were 7700 nephrectomy operations recorded at the British Association of Urological Surgeons (BAUS) audit outcome for 2014. There were around 2900 nephrectomy procedures performed for an early stage renal cancer (pT1). There is a great potential to utilize those TAPER kidneys, following tumour resection, as potential donors. Evidence suggests low risk of recurrence in these kidneys.

We would be very grateful if you have the time to respond to the online questionnaire as your views are very important to help us with our future trial of utilizing TAPER kidneys after completely cleared of cancer, to potential recipients.

Please click the following link to complete the questionnaire: https://docs.google.com/forms/d/1Ifj5gbpOCGh_k73sAhe3daz3tRRJ49Kiek70PwDqEWU

**Courses, Meetings & Events**

**Advanced Nephrology Course**

03rd - 07th January 2017
Corpus Christi College, Oxford

Details of the event can be found here.

**Primary Hyperoxaluria Patient Support day**

28th January 2017,
Education Centre, Birmingham Children's Hospital

Details of the event can be found here.

**3rd Joint Meeting of ABCD & the Renal Association 2017**

28th February 2017,
National Exhibition Centre, Birmingham
This meeting brings together internationally renowned leaders in the field of diabetes related renal disease to discuss current challenges, future potential areas for intervention, and therapeutic opportunities. We are delighted that Dr. Christoph Wanner will be joining us as a lead investigator from the EMPA-REG study to focus on the renal outcomes from this and other recent cardiovascular outcome studies.

The closing date for submission of abstracts for this event is **Friday 9th December 2016**, so please make sure you get your submission in before this date.

Click [here](#) for more information, abstract submission and registration.

**ISN World Congress of Nephrology 2017**

21st- 25th April 2017

For the first time, an international nephrology congress focuses on diabetes and kidney disease, a worldwide problem, but one very important to Latin America and Mexico in particular. Join the ISN World Congress of Nephrology (WCN) in Mexico City from April 21 to 25, 2017.

Uniquely placed as a truly global meeting, WCN gives access to international medical expertise in renal treatment, research and care, from bench to bedside. You will get a genuinely enriching and professional exchange of knowledge with world-renowned nephrologists, and endocrinologists at this meeting.

Maintaining sustainable kidney health on a global scale through education and training is our mission for each congress. WCN 2017 is your chance to connect with the nephrology community in a compact setting, and take advantage of this great opportunity to interact with colleagues as well as explore and understand the critical importance of diabetic kidney disease. [Read more](#)

**UK Kidney Week 2017**

UK Kidney Week 2017 is taking place from Monday 19 June - Wednesday 21 June 2017 at ACC, Liverpool. Further information is available [here](#) and we will send you updates on the programme and planning.

For more information about UK Kidney Week 2017, please contact the Conference Secretariat on: [ukkw2017@mci-group.com](mailto:ukkw2017@mci-group.com)

**Further Events for Your Diary .........**

Please [click here](#) to view the calendar of events on the RA website.

If you have any ideas or would like to include an article or event in eNews, please contact The Renal Association Secretariat on 0870 458 4155 or [renal@mci-group.com](mailto:renal@mci-group.com).