

Report Clinical Affairs Board

Clinical Director's Forum

6th March 2009

Emerging political support?



Speech on the NHS

7 January 2008

- “So there will soon be check-ups on offer to monitor for heart disease, strokes, diabetes and **kidney disease**”

Clinical Affairs Board

- Created in 2004
- Function:
 - to contribute to the development of all aspects of local and national policy relevant to clinical practice in nephrology
 - integrate and plan the work of the:
 - The UK Renal Registry
 - The Clinical Practice Guidelines Committee and
 - The Clinical Service Committee
 - Influences through the RA but has no power
- Meets three times a year

Current membership of CAB

- Chair and Clinical Vice President
 - Kevin Harris from September 2007
- Committee Chairs
 - Registry: Charlie Tomson
 - Guidelines: Robert MacTier
 - Clinical Services: Martin Raftery
- 2 elected members of the Executive
 - Phil Kalra
 - Andrew Lewington
- National Clinical Director (ex officio)

Guidelines Committee

THE REDESIGN OF MODULES FOR THE 5th EDITION

- Subdivide modules into component parts giving a total of 15 modules.
- Lead author to draft the new module/next update in consultation with the second co-author, involving other experts as necessary.
- The second author becomes the lead author for the next update in 2011/2012 and works with a new co-author
- Liaison with international guideline development groups KDIGO, KDOQI, CARI and EBPG etc
- Adoption of “GRADE” scoring system

CAB workstreams

- 18 week pathways
(www.18weeks.nhs.uk)
 - General nephrology
 - Live donor work up
- RA / BAUS haematuria guidelines
- PD access working party – chaired by Dr Martin Wilkie

CAB workstreams

- Liaison with NICE
 - CKD – Sept 2008 (Kevin Harris and Lawrence Goldberg)

CAB workstreams

- The NICE Guidelines on the management of Chronic Kidney Disease (CKD) provide clear and helpful guidance that is largely based on a thorough review of the available evidence
- This is an appalling document based on poor understanding of the Chronic Kidney Disease topic and mostly devoid of any critical appraisal or understanding of the literature on the subject



CAB workstreams

- Liaison with NICE
 - home HD guidelines
 - costing template RA advice on start up costs incorporated
 - Machine perfusion of kidneys
 - Pregnancy and hypertension

CAB workstreams

- **Specialised Services Definition set**
 - specialised services need to cater for more than 1 million of the population
 - there are now 52 dialysis units in England
 - Renal no longer qualifies
- **Renal to remain part of SSNDS (Martin Raftery and Hugh Cairns)**

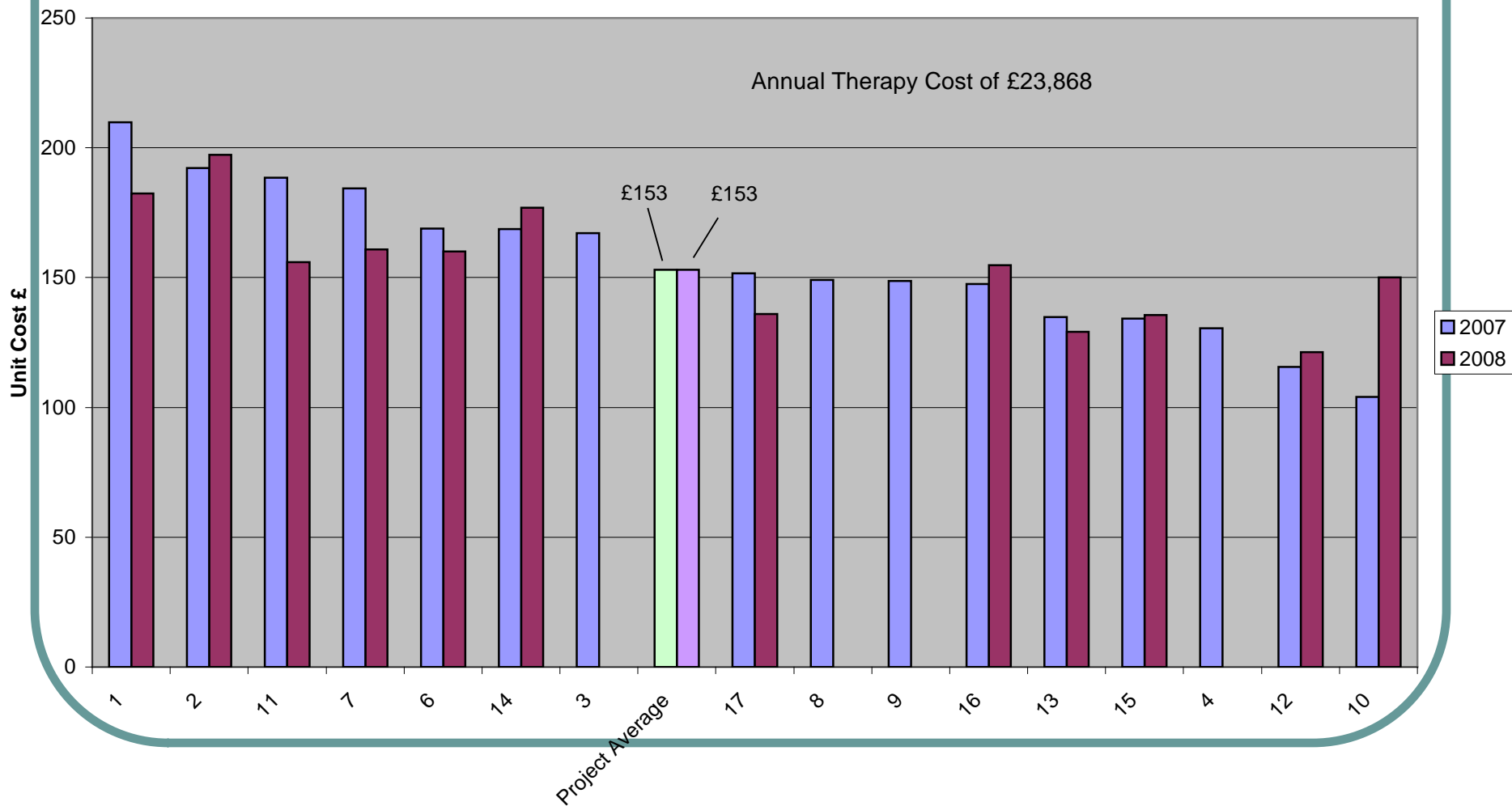
CAB workstreams

● Payment by Results for RRT

- 16 participant Trusts representing 41% of adult HD and 35% of adult PD nationally
- No mandatory tariff in April 2009
- Continue local funding arrangements
- Indicative tariffs should not be used
- Checklist incorporated into 2007/08 costing guidance
- Use 2008 ref costs as basis for tariff in 2010/11
- Revise HRG definitions for 2011/12

CAB workstreams

2006/07 and 2007/08 LC02A Haemodialysis/Filtration 19 years and over



CAB workstreams

- **Payment by Results for RRT**
 - Outstanding issues:
 - incentivising quality
 - avoiding perverse incentives

CAB workstreams

- Home therapies
 - PD working party – chaired by Edwina Brown - report available to members on the web site for comment
 - HHD working party - chaired by Dr Mark MacGregor. Membership and TOR agreed – report awaited

CAB workstreams

- AKI issues
 - GIFTSUP-British Consensus Guidelines on Intravenous Fluid Therapy For Surgical Patients (Andrew Lewington)
 - Making sense of the HES data as applied to renal – Mike Pearson and Abraham Abraham (Charlie Tomson and Kevin Harris)
 - AKI care initiative 18th March 2009
 - NCEPOD AKI study – June 2009

Turbulent times (Chris Winearls. CD forum 2007)

- Financial imbalance in many Trusts
- Changing Health Authority structures
- Target culture – 18 week pathway
- Capital drought
- Commissioning uncertainty – who and how?
- Unnecessary re-engineering
- Manpower and Training - MMC
- Healthcare associated infections

So we might not have it right yet.....

