

# **Minutes of The Clinical Services Committee**

## **Renal Association meeting in Brighton 21st May 2007**

Attendees: K Harris, Henry Brown, Gordon Bell, Martin Wilkie, Andrew Patterson, Rob Lewis, Chris Burton, Lawrence Goldberg, Jonathan Kwan Mark Taylor

Apologies: Caroline Whitworth Richard Moore and Nadeem Moghal

The committee welcomed Dr Martin Wilkie, who was attending to represent the Yorkshire region pending their election of a permanent member.

### 1. Review of membership and terms of reference.

The previously ratified terms of reference of the clinical services committee (April 2006), would be circulated to all members by KH (appendix 1). It was noted that many of the committee members had served terms longer than suggested in the terms of reference. It was agreed that this should be a decision for the local constituency and that it would be acceptable for a member to serve for longer than a term of four years, as long as this was with the support of their constituency. It was suggested that where possible, new representatives should be sought in line with the terms of reference.

### 2. Adjusted drug dosing according to eGFR.

There was general acceptance that there was lack of clarity about how drug dosing should be adjusted in the light of renal function. Many of the guidelines were not consistent with the new terminology used to describe CKD. This was felt to be potentially confusing and unhelpful. It was noted that the Renal Association had already approached the BNF to discuss this problem. It was agreed that this was an important piece of work to take forward, and the clinical services committee, should actively encourage and contribute to this work. Action: HB to take forward and report back.

### 3. Expanding HD capacity.

GB updated the group on the ongoing progress with the ISTC as of the date of the meeting. This programme had not reached financial close. It was recognized that this process was of concern to a number of Renal Association members whereas others felt that it provided an opportunities to improve HD capacity quickly. It was stressed at this point there did not appear to be any intention to make this the only route to secure HD capacity and units would continue to have freedom to source this as they felt appropriate. However it was clear that there will be no centrally provided capital money to provide HD capacity in the future.

### 4. PbR

PbR would not now be introduced for renal services in 08/09. This would allow for a period of consultation. The DH put out a consultation document, to which the Renal

Association was actively contributing. It was felt that the most important thing was for the DH to consult with the profession in order to ensure that any PbR solution did not distort practice or lead to unintended consequences, clinical or financial

#### 5. CD Forum 2008

A number of topics were suggested. These included:

- a. consultant assessment and exit exams
- b. Changing working practices in nephrology.
- c. PbR
- d. HD capacity and modelling growth
- e. SPR training.
- f. Models of managing CKD
- g. new to follow up ratios
- h. consultant job planning

KH would undertake further discussion with the clinical services committee later in the year as to the final programme.

It was agreed that the Forum should continue to be held in the Governors Hall at St Thomas's Hospital, and that KH would seek ongoing sponsorship of this meeting from Amgen. KH would agree the date with the venue organisers for some time in early March (this has now been set for the 7th March 2008 and all CDs have been given advance notice of the date)

#### 6. AOB

It was noted that there was wide variation between Trusts in their approach to the job planning for nephrologists. This had led to an inconsistent allocation of PAs, across the country. It was agreed that this was unhelpful and an attempt to produce a standardised job planning template, while still allowing local flexibility would be of help. AP had previously undertaken a survey to try and define what had been going on nationally, and it was agreed that this should be repeated. AP would give this matter some further thought and feedback.

## **Appendix 1**

Terms of Reference of Clinical Services Committee – taken from Memorandum, Articles and Rules of Association - *The Renal Association* (agreed from 1 April 2006)

### **Clinical Services Committee**

#### **Chair**

- The chair shall be appointed by an Appointments Panel comprising the Trustees and three elected ordinary members of the Executive Committee
- Ideally a new chair would be identified 12 months in advance of the departure of the incumbent to allow for a period of shadowing
- The chair will normally serve for three years and no more than four years
- The chair is a member of the Clinical Affairs Board and RA Executive Committee
- The chair will have current or past experience as clinical director or renal network director
- The chair will convene meetings of the Committee at least once a year for a physical meeting. In addition committee business will be maintained using e-mail and telephone communications between meetings
- The chair will prepare written reports of the business of the Committee for the Clinical Affairs Board and the Executive Committee, or delegate this task to a secretary chosen from among the Committee membership
- The chair will be responsible for keeping the Committee's website area up to date with information about the current committee membership, minutes of committee meetings and other relevant documents
- The chair will be responsible for keeping the membership of the Renal Association informed of the committee's activities through the website, Renal Association monthly e-news, and other appropriate communications strategies

#### **Vice-Chair**

- A Vice-Chair will be appointed from among the committee membership on the recommendation of the President and the committee chair
- The Vice-Chair will serve for three years

#### **Members of the Clinical Services Committee**

- The Clinical Services Committee will consist of twelve members of the Renal Association representing the nine English regions plus one representative each from Wales, Scotland and Northern Ireland.
- The chairman will serve as representative for the relevant region
- Members of the Committee will be nominated by an appropriate regional forum, and then appointed on the recommendation of the President and the Committee chair.
- Members of the Committee will serve for four years with three members retiring Annually
- Members of the Committee will be expected to attend at least one Committee meeting annually and will contribute actively to the work of the Committee as required by the Chair
- The President and Clinical Vice-President are ex officio members of the committee
- Other ex officio members are nominees of the British Transplantation Society, and British Association for Paediatric Nephrology and the Representative of Non Consultant Career Grades in Nephrology

**Business**

The Clinical Services Committee will undertake programmes of work as directed by the Chair in response to a brief provided by the Clinical Affairs Board.

This work will include planning an annual Clinical Director's Forum, and collaboration with other agencies interested in the provision of services, to examine the delivery of renal services, to highlight deficiencies in service provision, and to lead opportunities for service development.