



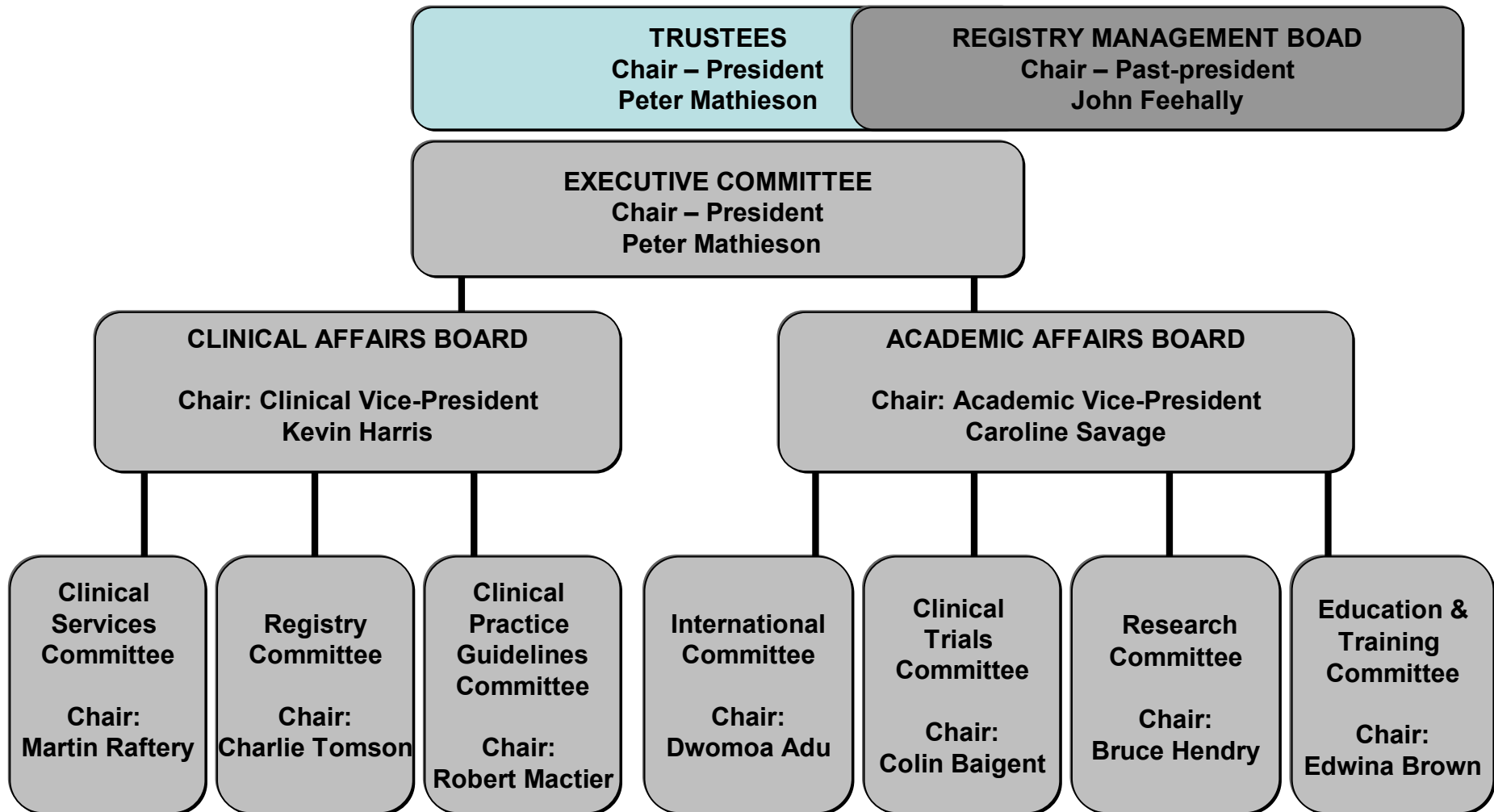
Welcome!



The Renal Association
founded 1950

Aims of meeting:

- **Introductions**
- **Continuing to build relationships, understand one another's positions**
- **Specific issues:** next 5 years, Payment by Results, Registry, NICE guidelines, Glasgow 2008, other sponsorship opportunities, World Kidney Day 2008
- **Anything else: it's your meeting!**

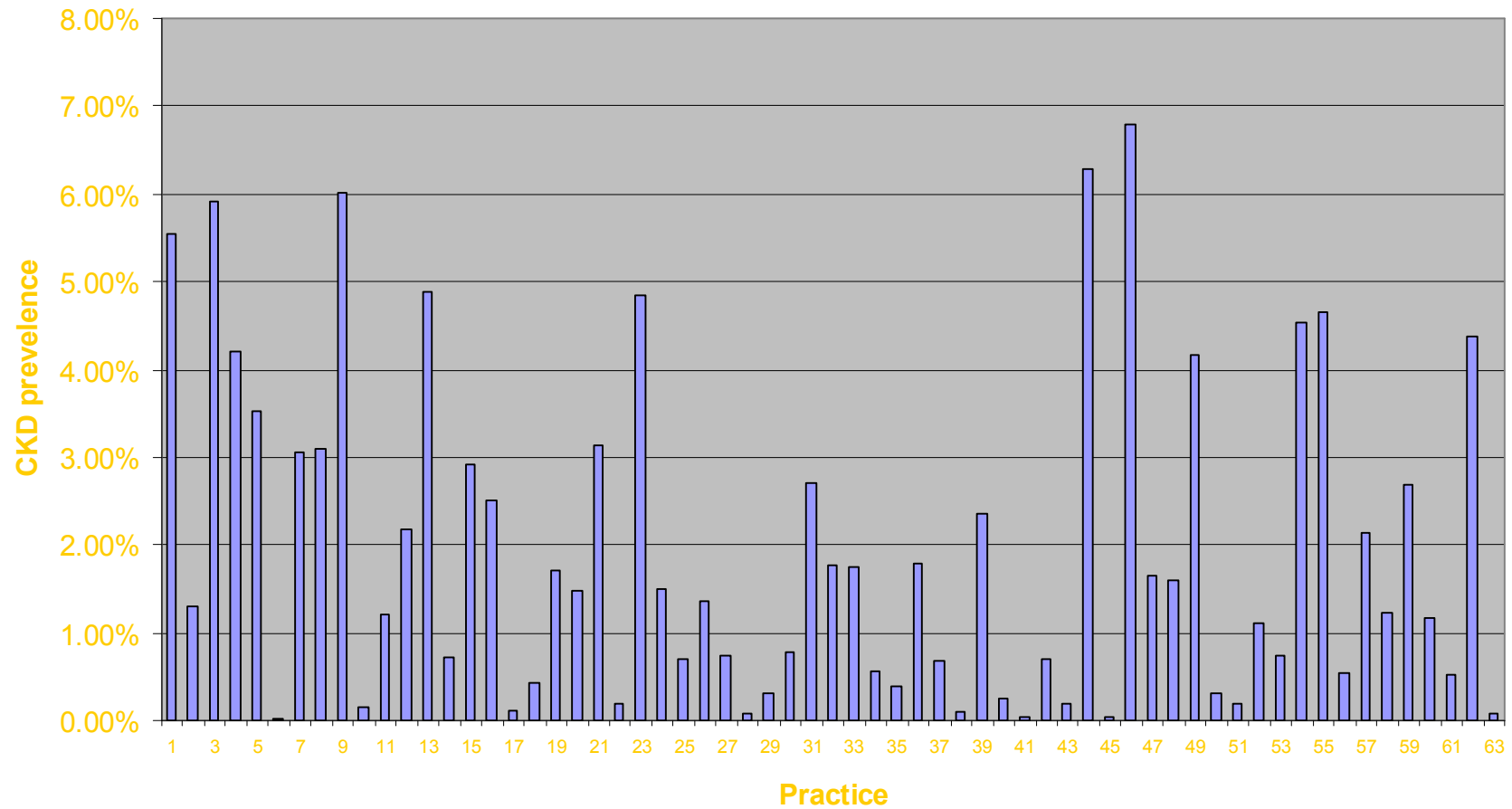


The Renal Landscape

The next 5 years!

Kevin Harris
Clinical Vice President

QoF



Changes to QoF?

- Out for review and so unknown
 - Recording proteinuria (dipstick or PCR/ACR)
 - Tighter blood pressure targets
 - Differential blood pressure targets according to level of proteinuria
 - Alignment of thresholds with those in other cardiovascular risk areas (diabetes/CHD)
 - Extension of cardiovascular risk factors (lipids, statin use, smoking)
 - Ethnicity
 - Anaemia

ISTC

- There will be no further centrally procured ISTCs – the secretary of state
- It remains possible for any NHS bodies to procure services from the independent sector and it may be possible for the Department of Health Commercial Directorate to work with renal networks to support them in the procurement of IS capacity. Such a procurement would be 'owned' locally – the Renal Tsar's blog

Commissioning

- World Class Commissioning
- Proactive rather than reactive
 - Setting the strategy
 - Agreeing operational and organisational development plans
- Commissioners placing contracts

CKD agenda

- Capacity
 - National modelling
- Transplantation rates
- Dialysis Access
 - MRSA, 18 week pathways


- Early identification
- Risk stratification
 - Stage 3A and B, proteinuria as a prognostic marker
- Cardiovascular risk management

PbR and the introduction of tariffs

Kevin Harris

PbR

- Commitment to PbR as a means of paying for services
- Consultation on the Future of Payment by Results
- Willingness to engage with the profession and an apparent wish to develop and improve the model - early days!
 - Degree of unbundling
 - Setting the currencies – coding problematic. HRG3.5, HRG4 or something else?
 - Costing the currency – representative sample rather than average
 - Reforms should not restrict introduction of new technologies and commissioning of effective care pathways



The UK Renal Registry Current Use and Future Applications

Charlie Tomson
Chair, UKRR

Current Use

- Data obtained by electronic download from each Renal Unit IT system
- Extensive data validation and cleaning
- Statistical analysis to answer pre-specified epidemiological and research questions
 - Incidence and Prevalence of ERF in the UK
 - Outcomes of RRT within the UK
 - International comparisons
 - Between-centre comparisons

Current dataset

- Demographic details including identifiers, postcode
- Primary renal diagnosis, ethnicity, co-morbidity, height at start of RRT
- Quarterly sampling of database for
 - Blood tests
 - Blood pressure
 - Weight
 - Some drug therapy

Drug therapy

- ESAs
 - Type, Dose, Route
- Transplant immunosuppression
 - Not yet used; would require re-mapping and validation
- Phosphate binders
 - CaCO₃, Ca acetate, AL (OH)₃, Sevelamer, Lanthanum (Y/N)
- Statins
 - Y/N
- ACEI use
 - Y/N

Pre-RRT data

- Dataset on 6/12 prior to RRT obtained retrospectively for all patients starting RRT (where available)
- Ongoing work to obtain data on all patients with stage 5 CKD not receiving RRT
 - Dependent on Renal Unit policy for inclusion of such patients on database
 - Not funded by capitation fee levied on RRT patients
 - Charitable funding available

Current output

- Annual Report
 - Printed copy
 - Published as supplement to Nephrology Dialysis Transplantation
 - Available on UKRR website
- Presentations at scientific meetings
- Teaching
- Journal publications
- Joint work with other National Registries

Current research questions

- Relationship between BP and outcome
- Socioeconomic determinants of outcome
- Multilevel modelling of determinants of Unit performance w.r.t. Ca/PO₄/PTH control
- Transplant outcomes
 - Survival after Tp compared to W/L
 - Access to waiting list
 - CKD in transplant recipients and its management

Future possibilities

- Testing and validation of the National Renal Dataset, leading (if successful) to mandatory collection of (part of) this dataset
- Linkage to HPA dataset for bacteraemias
- Linkage to HES dataset for co-morbidity, hospitalisation
- Electronic capture of vascular access
- Mapping and presentation e.g. unit-specific reports
- Tracking outcomes for RCTs and genetic epidemiology
- Regular Census of Renal Units
 - Stations, staffing, facilities

Constraints

- Time, Skills, and Resources
- Data protection
 - Section 60 Health and Social Care Act – Patient Information Advisory Group
 - Lack of individual patient consent
 - Continued reliance on patient's **name** as an identifier
 - Patient Information Leaflet currently states “We also do not carry out work for the pharmaceutical industry or any other commercial company”
- Reliance on Renal Unit IT systems for data collection

Proposed approach to externally commissioned analyses

- Small, one-off analyses, for instance to support local or regional audits: = core function
- New analyses:
 - Costing and feasibility assessment
 - External (?KRUK?) peer review process

NICE Guidelines CKD and Anaemia

Kevin Harris

NICE

- Anaemia
 - Published and out for implementation by commissioners
- CKD
 - 6 months in to 18 month process – wait and see

Renal Association
Sponsorship

Oct 07 – Sept 08

Stuart Rodger Hon Treasurer

David Goldsmith Hon Secretary

The Renal Association
founded 1950

THANK YOU !!

- For the superb support to date for events in 2007 – Brighton Conference, 615 attendees, and excellent feedback from delegates
- RA Membership steadily growing, covering 99% of consultants, 75% of trainees and most renal scientists and researchers.
- RA leads on workforce, manpower, training, education, liason with DoH and government, NICE etc

Events and Opportunities in 2007-8

- **Advanced Nephrology Course**, London, January 2008
- Premier postgraduate nephrology course in Europe
- 80 attendees, now twice a year, four day course
 - Increasing numbers of Consultants attending
- Sponsorship very welcome (eg single sponsor per day; pads, pens etc)
 - Contact ALEX CROWE, and MCI

Meetings 2007-8 (contact: MCI)

- Physiological basis of glomerular and tubular disease
(Bristol, 17-18/12/07)
- From bench to bedside (RA/RSM/Societe de Nephrologie)
(London, 28-29/02/08)
- Clinical Directors Forum
 - London 7/3/2008
- Renal Masterclass 2008 (Interstitial renal disease)
 - London, date unknown

Events and Opportunities in 2007-8

- Joint meeting between the RA, Société de Néphrologie and RSM at the RSM Feb 28, 29 2008
- Expect 200+ people
- Superb programme – clinical and scientific
- Important role for trainees and younger nephrologists
- Social events
- May be something we repeat with France in 2010, and try with other national societies in future years
 - Contact PHIL MASON / RSM for more information

Events and Opportunities in 2007-8

- Glasgow May 14-16th 2008
- Joint meeting RA-BRS-SRA
 - TRULY MULTI-DISCIPLINARY MEETING
- Expect 1400 people, largest UK renal conference ever
 - ALL STAKEHOLDERS UNDER ONE ROOF FOR THREE DAYS
- Many major sponsorship opportunities
 - THREE PRE CONFERENCE SESSIONS FOR 200+ PEOPLE
 - SEVERAL SMALLER LUNCHTIME “TEACH-IN” SESSIONS (50-100 PEOPLE)
 - MINI-LECTURES
 - CME/CPD SESSIONS
 - WEB / POD CASTING
 - EXHIBITION

Events and Opportunities in 2007-8

- Other events proposed / planned for 2008
 - RENAL SCIENTISTS MEETING
 - SUPPORT FOR RENAL E-ACADEMY

Bursaries

- Contact David Goldsmith

Website/E-news

E-communications

Would our Corporate Members like an opportunity to have a separate “Corporate Members” section on eNEWS, and a Webpage on the RA Website ?

Meetings, Events, New Papers, NICE etc etc

900 e-shots each month, reaching 90%+ of RA Membership

World Kidney Day 2008

John Feehally

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