

RENAL INFORMATION EXCHANGE GROUP

Notes of Meeting held Monday 27 March 2006

PRESENT

British Transplantation Society

Rob Higgins

robert.higgins@uhcw.nhs.uk

NHS Information Authority (and BAPN)

Kate Verrier-Jones

verrier-jones@cf.ac.uk

Kidney Research UK

Diana Blass

Diana.blass@btopenworld.com

Renal Association

John Feehally (Chair)

jf27@le.ac.uk

Neil Turner

neil.turner@ed.ac.uk

NHS "Do Once and Share" Project

James Medcalf, Leicester

james.medcalf@uhl-tr.nhs.uk

APOLOGIES

British Renal Society

Steve Smith

Steve.Smith@heartsol.wmids.nhs.uk

Nicki Thomas

Nicola.Thomas@epsom-sthelier.nhs.uk

Department of Health

Gerry Lynch

gerry.lynch@doh.gsi.gov.uk

National Kidney Federation

Tim Statham

tim.statham@btinternet.com

Northern Ireland

John Woods

jdwoods@ntlworld.com

NSF for Wales

Kieran Donovan

sue.bartram@cardiffandvale.wales.nhs.uk

Renal Association

David Goldsmith

david.goldsmith@gstt.sthames.nhs.uk

Renal Association UK Renal Registry

Es Will

Eric.Will@leedsth.nhs.uk

Cherry Bartlett

Information Manager, St James's Hospital, Leeds

Scottish Renal Association

Keith Simpson

Keith_Simpson@compuserve.com

UK Transplant

Chris Rudge (or A N Other)

mrcjrudge@aol.com

Welsh Renal Association

Richard Moore

richard.moore@CardiffandVale.wales.nhs.uk

		ACTION
1	<p>The Notes of the previous meeting dated were accepted as an accurate record and there were no matters arising not covered elsewhere in the Agenda.</p> <p>The sparse attendance at this meeting was noted, JF apologised that due to a diary clash he had changed the date with relatively short notice. This was not thought to reflect lack of interest or a reducing value of the Group. Indeed there was discussion that the activities and achievements of the Group had not been sufficiently publicised. It was agreed that JF would produce a more substantial report than the notes of the meeting which</p>	

	would be suitable for distribution among organisations represented by the Group.	JF
3.	Information for Patients and Carers	
	<p>3a) RenalPatientView NT reported continuing progress with 1200 patients nationally registered by March 2006. New units continue to join and only six PROTON units were not yet signed up.</p> <p>No non-PROTON unit (which represent approximately 40% of RRT patients in the UK) was yet signed up. NT reported continuing discussions led by Keith Simpson with all other systems. These discussions had included an explanation that there were moderate resources from the RPV budget available to facilitate interactions, but as yet none of the other companies had drawn down this offer.</p> <p>It was noted that Cherry Bartlett's surveys to evaluate RPV were being sent out within the next few weeks.</p> <p>Future funding – NT presented a brief paper offering alternatives to provide the sustained modest funding needed for RenalPatientView to continue once the start up money provided by the Department of Health was exhausted. RIXG preferred a model whereby regular income was obtained either on a capitation basis (suitable if a large proportion of patients were eventually signed up) or by seeking payments from signed-up units on a pro-rata basis according to the size of programme. It could be envisaged that if a unit declined to pay and the continuation of RenalPatientView was under threat, that the patient voice might come into play; it was perhaps even possible that Kidney Patients' Associations locally may pay to support RPV. A budget put forward by NT of approximately £65k a year seemed realistic. This would support an administrative position for two days a week, and if placed within the Renal Registry this might allow cross cover to enable occasional queries to be dealt with throughout working hours. Other financial costs included security testing, licences, the ongoing cost of the present supplier, and routine administrative and travel costs.</p> <p>It was agreed that this should be a basis for further discussion, which would be better timed later in the year when at least some non-PROTON units were active, and patient numbers had increased further.</p>	
	<p>3b) Patient Information DVD Project RIXG congratulated DB (in the absence of SS) for the substantial grant they had obtained from the Big Lottery Fund. A total of £260k funding from all sources has now secured the future of this project.</p>	
	<p>3c) NHS Direct On-Line DB reported in the absence of Nicki Thomas on a very positive recent meeting with staff at NHS Direct. They had been amenable to recommended improvements in the Health Encyclopaedia and clinical algorithms. DB expressed concern that there was still not a fast-track opportunity whereby a renal patient could be rapidly identified by NHS Direct as needing prompt attention without going through a prolonged swathe of routine questioning. Likewise support to NHS Direct when they contacted renal units was reported to be rather variable. The issue was recognised but there did not seem to be an immediate practical solution which fitted with NHS Direct's apparent strategy. JF agreed to discuss this further with NT and consider what other debate there might be with NHS Direct</p>	JF/NT

4.	National Programme for IT	
	<p>4a) Renal Dataset Development Project The National Renal Dataset Project appeared to be going well, the Reference Group chaired by Terry Feest had now agreed a National Renal Dataset which was being “road tested” in a small number of units over the coming months.</p> <p>RIXG however expressed their concern at the continuing fluidity of the planning for the relationship between the Registry and the National Programme for IT, in particular with the secondary users service. There was not yet sufficient evidence that SUS understood the complexities of data handling and analysis undertaken by the Registry. RIXG maintained its view that the preferred model was that SUS should facilitate the transfer of appropriate data from the National Spine and other sources to the Registry allowing the Registry to continue its specialised analytical and interpretative work.</p>	
	<p>4b) NeIH Renal Specialist Library It was noted that funding for this was now secure, RIXG had agreed to provide quality assurance for the project, and David Goldsmith who is leading the project will come to RIXG’s next meeting to present the proposal.</p>	
	<p>4c) Do Once and Share It was noted that the Do Once and Share project was complete and the final report had been submitted to Connecting for Health. The next step was not at all clear, but RIXG expressed a strong view that the lessons learned and the opportunities identified should be widely shared with the renal community. KVJ agreed to discover whether the document was now available for open distribution.</p>	KVJ
5.	<p>Scoping National Renal Audit - Healthcare Commission It was noted that the consortium led by the Renal Association had now submitted a scoping document recommending national renal audits over and above current work done by the Registry and UK Transplant to the Healthcare Commission. The proposal centred on audit of dialysis access, patient transport, and management of CKD. A one-month public consultation on the recommendations was anticipated soon. It was not yet clear the extent of funds which would be available, or exactly what bidding process there would be to undertake the audit.</p>	
6.	<p>Defining Functionality of Renal Information Systems JM tabled one element of the Do Once and Share report, a survey which identified the very extensive functionality of renal clinical information systems in current use. It was agreed that this interim report would be strengthened with additional returns from more units and would then be widely distributed among Clinical Directors. Only the summary report would be distributed, but Clinical Directors would be free to contact JM to develop dialogue with units which had particular functionality which they sought to develop.</p>	
7.	<p>Proposal for Patient Education Research – RH reported that he was considering using a Baxter funded research nurse to investigate the effectiveness of the wide range of educational programmes currently being used for patients which involve one-to-one meetings, group education, video and so on. RIXG was supportive of this initiative. NT had particularly indicated her wish to be involved and there were likely to be others.</p>	

8.	<p>Proposal for a Renal NSF Website</p> <p>JF reported a very fruitful meeting with the National Diabetes Support Team who have an excellent website (www.diabetes.nhs.uk) supporting implementation of the NSF for Diabetes. The Diabetes team had agreed to provide support to the renal community to develop a parallel website to support the Renal NSF which would act as a focus both for information giving and shared learning. There was cautious optimism that funds could be found to establish such a website and provide the necessary administrative support to make it a major benefit to the renal community [Donal O'Donoghue as co-chair of the DH Renal Advisory Group was pursuing funding]</p>	
9.	<p>Renal Informatics Staffing</p> <p>As yet there is no feedback from the recent BRS/RA Workforce Survey which would be brought to RIXG as soon as it was available.</p>	
10.	<p>Map of Medicine</p> <p>RIXG continued to hear indirectly that Map of Medicine was assuming an increasing role in the delivery of clinical decision support within Connecting for Health. However all attempts to contact those leading Map of Medicine or to engage them in discussion with RIXG continue to be unsuccessful.</p>	
11.	<p>Proposed Renal IT Conference – 4th July 2006</p> <p>There were as yet no further details about a proposed national renal IT conference set for 4th July 2006. It was understood this was being led by Connecting for Health and there may be the opportunity for real clinical engagement with the National Programme, as well as sharing of the many IT initiatives going on in the renal community. More detail would follow when available.</p>	
12.	<p>Date of next meeting: Friday 23 June 2006, 2-5pm</p>	

RENAL INFORMATION EXCHANGE GROUP

Notes of Meeting held Friday 23 June 2006

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British Renal Society

Steve Smith

Steve.Smith@heartsol.wmids.nhs.uk

Nicki Thomas

Nicola.Thomas@epsom-sthelier.nhs.uk

British Transplantation Society

Rob Higgins

robert.higgins@uhcw.nhs.uk

Department of Health

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gerry.lynch@doh.gsi.gov.uk

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Information Manager, St James's Hospital, Leeds

Scottish Renal Association

Keith Simpson

Keith_Simpson@compuserve.com

National Library for Health – Renal Specialist Library

David Goldsmith

david.goldsmith@gstt.sthames.nhs.uk

Amanda Briant

Liz Callow

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mrcjrudge@aol.com

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		ACTION
1.	The notes of the previous meeting were accepted as an accurate record.	
2.	There were no matters arising from these notes other than those already on the Agenda.	

3.	Information for Patients & Carers	
	<p>3a. RenalPatientView</p> <ol style="list-style-type: none"> 1. There were congratulations to the RPV team for the recent award of an NHS Leadership in Clinical Informatics accolade. It was agreed that the £5000 prize would be used to allow users to interact with RPV. Suggestions have included the development of a moderated discussion forum. RIXG is asked to send other suggestions to NT & KS. 2. The UK Transplant link has now been tested and will go live soon. There was discussion about potential confusion for patients who were waiting for a pancreas graft because of variations in local policy about their activation on kidney waiting lists either at their parent unit, or at the pancreas transplanting unit. It was agreed to prepare free text as information support on RPV. 3. Steady progress was reported for integration of RPV into non-PROTON systems. <ul style="list-style-type: none"> • CCL confirmed an interface was now available in ClinicalVision 4 (although not in ClinicalVision 3). They had asked for no additional resource. • Mediqal reported significant progress and had not asked for financial help. • Salford had indicated they were optimistic a solution would be in place by September. • Kings indicated there would be a solution later this year. 4. Maintenance funding for RPV was discussed. There had not been support for a previous suggestion of adding a sum to the Registry capitation fee to pay for RPV. There was however support for it being seen as a core part of renal unit activity, and therefore potentially coming from renal unit clinical budgets (i.e. from PCTs at present, although future specialist commissioning arrangements may change this). When RPV coverage was extensive this would amount to £1000-2,000 per year depending on the size of the unit. It was agreed to enquire of clinical directors their views on a funding model. TS indicated that NKF would gladly encourage local KPAs to lobby for appropriate funding to maintain RPV if this became necessary. IT was agreed that the RPV team would prepare a business case to cover the maintenance phase of RPV for discussion at next RIXG 	<p>KS/EW</p> <p>KS</p> <p>KS,NT</p>
	<p>3b. Patient Information DVD Project</p> <p>SS reported excellent progress. A project manager had now been appointed and it was hoped there would be some product by the end of 2006.</p>	
	<p>3c. NHS Direct Online</p> <p>A disappointing lack of progress was noted despite NT's continuing efforts to engage with Enid Povey, National CAS Clinical Development Manager. Following a meeting in February there had been proposed further work to develop a mock algorithm which still needed signing off; ; to make changes to the on line website; and to prepare a powerpoint presentation as training material for NHS Direct staff. NHS Direct Online had not fulfilled any of these agreements although had made changes to current algorithms. It was agreed that RIXG should write directly to the head of NHS Direct seeking action.</p>	<p>JF</p>
4.	Connecting for Health	

	<p>4a. Renal Dataset Development Project Although the Renal Dataset had now been developed, and had been “road tested” in a number of units, there was still concern about the integrity of the project. RIXG strongly supported the concept that data held on the national care record, and therefore available for secondary uses such as the Registry, should be comprehensive enough to allow real additional benefit compared to the present situation. Data on co-morbidity was an obvious example of this, yet at this stage there seemed no certainty that such information was to be part of the national data dictionary. JF as a member of the Dataset Project Board agreed to pursue this on behalf of RIXG</p>	<p>JF</p>
	<p>4b. Functionality to be made available by Connecting for Health RIXG continues to express concern about the lack of clinical engagement in Connecting for Health developments, and particularly the lack of any assurance that functionality required by renal units would be preserved let alone expanded. Clinical engagement with LSPs continues to be negligible, and it was agreed that the National Renal IT Conference on 4th July 2006 would represent an important opportunity to press this issue through Muir Gray. It was noted that Paul Altmann has been seconded to do some work in this area with the LSP for the Southern cluster. His position vis-a-vis commercial interest was not known by RIXG, but it was agreed that he should be invited to the next RIXG meeting to provide an update on his work.</p>	<p>JF</p>
	<p>4c. National Library for Health – Renal Specialist Library RIXG welcomed David Goldsmith with Amanda Briant and Liz Callow to present an update on the Renal Specialist Library. RIXG welcomed the concept of the Library, but were concerned that there was only modest transient set up resource, and no clear plan about resources future Library maintenance. All members were asked to look at the draft topic tree already on www.library.nhs.uk/kidney [password: hippo] and make comments to DG. RIXG will gladly take a supervisory role, there was some discussion whether this would be in effect as an editorial board. Quarterly reports should be received by RIXG and in between meetings, an appropriate subgroup should provide further support to DG and his team, if this was deemed necessary.</p>	<p>ALL</p>
<p>5.</p>	<p>Renal Community Website – www.kidney.nhs.uk RIXG welcomed this website, but had some concerns about its precise role and the risk of overlap with a number of other initiatives, including the Renal Specialist Library. A subgroup of RIXG will be identified to provide editorial input vetting proposed web content. This assumed that the website would be properly resourced with an appropriate project manager in post. The requirement that this editing should be “light touch” was emphasised, it being used to exclude information which was inappropriate, rather than to provide any editorial review on the quality or ranking of any best practice which was posted to be shared. Action was dependent on confirmation of funding</p>	
<p>6.</p>	<p>National IT Conference: Widening the Circle of Inclusion – 4th July 2006 RIXG expressed concern about the very wide range of IT initiatives reflected in the agenda for this meeting. It was hoped that the conference will provide opportunity to begin real clinical engagement with LSPs, and also the opportunity for a SWOT analysis of new initiatives to ensure they are properly prioritised and integrated for the benefit of the whole renal</p>	

	<p>community. It was agreed that the list of attendees for the 4th July (the meeting is now fully subscribed) would be circulated to all RIXG members.</p>	JF
7	<p>Chairmanship of RIXG It was noted that the Chairman of RIXG since its inception had been President-elect or President of the Renal Association. There was some discussion [but no firm conclusion] whether there was any risk that RIXG's influence would be lost in the future if this was not the case. The Chairman indicated that it was again the time of year for him to offer his annual resignation, which RIXG was not minded to accept. Thus for the present the status quo continues.</p>	
8.	<p>Any Other Business</p>	
	<p>NKF Surveys TS reported very disappointing results from a new NKF service whereby patients could subscribe online to one of four electronic Newsletters. Despite the very successful results obtained whenever the NKF runs a paper survey inside its Magazine Kidney Life, (average responses each time number more than 2,500) the electronic format has attracted few subscribers and not enough yet to enable the NKF to run services via this new service in preference to its paper counterpart. This is an ongoing development.</p>	
	<p>Education on CKD for General Practitioners GL reported that he had been approached by a medical education software company which was considering offering on-line education materials on CKD for Primary Care staff. RIXG was reminded that there was an initiative well under way with the University of Warwick to develop an appropriate course in this area (Renal Association, BRS, Dept of Health all involved) as well as an On-Line Renal Academy just being launched by the Renal Association with Doctors.Net, which although initially aimed at nephrologists, would be available to other doctors through Doctors.Net. RIXG did not see the need for a further initiative in this field at present.</p>	
9.	<p>Date of next meetings: Friday 15 September 2-5pm Friday 8 December 2006, 2-5pm</p> <p>Dates for 2007 Friday 23 March Friday 22 June Friday 21 September Friday 14 December</p>	

RENAL INFORMATION EXCHANGE GROUP

Notes of Meeting held Friday 15 September 2006

PRESENT

British Renal Society

Steve Smith

Steve.Smith@heartsol.wmids.nhs.uk

Nicki Thomas

Nicola.Thomas@epsom-sthelier.nhs.uk

Renal Association

John Feehally (Chair)

jf27@le.ac.uk

Neil Turner

neil.turner@ed.ac.uk

Renal Association UK Renal Registry

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Eric.Will@leedsth.nhs.uk

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Department of Health

Gerry Lynch

gerry.lynch@doh.gsi.gov.uk

National Kidney Federation

Tim Statham

tim.statham@btinternet.com

		ACTION
1	Notes of the previous meeting held on 23 June 2006 were accepted as an accurate record.	
3	INFORMATION FOR PATIENTS & CARERS	
	3a] RenalPatientView Units already committed to using RenalPatientView mean that there is potential coverage of 50% of all RRT patients in the UK. Discussions with	

	<p>non-PROTON suppliers continue. CCL confirms that functionality for RenalPatientView is available in Clinical Vision 4. Mediqal have confirmed they will make it available to their users. Both the Kings and the Lister systems are working on the technical solutions and anticipate these will be resolved soon. UK Transplant status is not yet live on RPV but this should be resolved very soon. The recent newsletter indicated that units using RPV would be invoiced next year for maintenance costs. It is anticipated that the cost per unit will be a median of £1500 varying according to unit size. It was agreed to write again more formally to clinical directors confirming this and indicating they should expect an invoice.</p> <p>Current budget predictions indicated a modest surplus at the end of the current financial year of approximately £10k. The maintenance costs can be met in 2007/2008 from the proposed unit maintenance fee even if no further units enrol. RIXG supported the need to recruit administrative support if enrolment of further units made this affordable. RIXG still takes the view that the longterm funding solution for RPV should be capitation-based.</p>	KS/NTu
	<p>3b] Patient Information DVD Project SS reported continuing excellent progress. The Project Team are in place, script writing and other development work have begun. It was emphasised that the element of the project relating to early CKD was likely to be an early product. The discussion emphasised the importance of distinguishing between progressive and non-progressive CKD (particularly stage 3) and the differing information needs of these two groups.</p>	
4	<p>Connecting for Health</p>	
	<p>4a] Renal Dataset Development Project It was noted that the Renal Dataset has now been published for consultation. Concern was expressed about a perceived lack of co-ordinated thinking between those involved in producing the Dataset, and the requirements and expectations of SUS (Secondary Users Service) of Connecting for Health. It was decided to obtain a brief on this issue from Terry Feest, Chair of the Renal Dataset's Working Group.</p>	JF
	<p>4b] E-Prescribing. A functional specification for future e-Prescribing in Connecting for Health had been distributed for consultation. Concern was expressed about the complexity of the specification, and its apparent disconnection from the realities of clinical practice. Knowing that the renal unit at University Hospitals Birmingham has been using an e-Prescribing system for some time, it was agreed to ask Graham Lipkin to provide expert advice on the system.</p>	JF
	<p>4c] NeLH Renal Specialist Library The work led by David Goldsmith is reported to be progressing steadily, and significant product is expected by year end for RIXG to review. Concern was expressed about the lack of any plan for sustainability for this work.</p>	
6.	<p>www.kidney.nhs.uk Despite some optimism, there was still no properly identified funding source to launch or maintain this. As an interim solution Nicki Thomas agreed to post the substantial material developed by the CKD Forum on the BRS website with appropriate links to the Renal Association website. JF reported encouraging early discussions between the renal community and the National Institute for Improvement and Innovation led by Bernard Crump. It seemed likely that renal disease could become a priority for next year's work in NIII, which may be in a position to resource some aspects of the</p>	

	www.kidney.nhs.uk website, as well as provide potential opportunities for building clinical quality improvement programmes.	
7.	Healthcare Commission – National Renal Audit It was noted that the Healthcare Commission had now called for bids to run national renal audits in its three prioritised areas – vascular access, patient transport for haemodialysis, early CKD. It was noted that the Renal Association with the Renal Registry was preparing a collaborative bid with the NHS Information Centre to undertake these audits.	
8	Future Renal IT Conference The goals and achievements of the Renal IT Conference sponsored by Muir Gray on 4 th July 2006 were reviewed. It was agreed that such a conference held annually could be an excellent opportunity for information, education, and strategic thinking for the renal IT community. It was agreed to approach the Registry to see if there was any interest in integrating such a day with the annual Registry Users' Group meeting. Once the Registry's response was known it was agreed that a small group of EW, SS, NT would begin work to develop the concept for that conference. A mid-week day (or day-and-a-half) in June 2007 was discussed.	EW EW, SS, NTh
9	SNOMED Information from Kate Verrier-Jones indicated that Connecting for Health were interested in developing specialty work within the overall field of SNOMED Definition Development. The long history of renal community involvement in this work (through a group chaired by EW) was discussed. It was agreed that RIXG would respond confirming strong interest in this work, and emphasising the need to develop working definitions alongside SNOMED terms, as well as providing effective links to the literature, and to the requirements of SUS. If the response from Connecting for Health was positive, it was agreed that one or more individuals willing to commit significant time to this area would need to be identified.	JF
10	MAP of MEDICINE JF reported that the Renal Association had now obtained some engagement with the Map of Medicine. Renal Association members were reviewing two renal pathways developed by the Map of Medicine, and the Renal Association would consider endorsing the pathways if the final product was deemed sound and workable. NTu reminded RIXG that the Renal Association does have a discussion board on its website which provided an appropriate forum for informed discussion among the renal community; however use of this discussion board had so far been extremely light.	
11	NEXT MEETING It was agreed that the next meeting on Friday 8 th December 2006 at 2pm would be a telephone conference rather than a face-to-face meeting. JF undertook to produce briefing notes which were rather more extensive than usual to support the agenda and facilitate that conference call. Dates for 2007 are as previously discussed, with no commitment at this time how many meetings would be face-to-face.	

RENAL INFORMATION EXCHANGE GROUP

Notes of Telephone Conference held Friday 8 December 2006

PRESENT

Renal Association

John Feehally (Chair)

jf27@le.ac.uk

Neil Turner

neil.turner@ed.ac.uk

Renal Association UK Renal Registry

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Apologies were noted from other members of RIXG

		ACTION
1	Notes of the previous meeting held on 15 th September were accepted as an accurate record.	
2.	<u>Information for Patients and Carers</u>	
	<p>RenalPatientView Approximately 2500 patients have now signed up for RenalPatientView with a continuing steady increase in numbers. CB reported that there is a significant but manageable number of enquiries generated for local system managers, many of these revolving around practical issues such as lost passwords. The "maintenance" required by local managers must not be forgotten.</p> <p>NTu reported recent discussions with those PROTON units not yet signed up, and he confirmed that almost all are expecting to do so. KS reported that a number of units are transferring to Clinical Vision 4 in the coming year which now has the facility for RenalPatientView. Other units buying Clinical Vision 4 for the first time in the coming year have been advised to require this facility. The E-Med system, currently used by Northern Ireland, two units in Scotland, and six units in England has run into some recent business difficulties and is likely to have a new owner soon. It is not anticipated that this will prevent E-Med developing the necessary facilities. KS has provided some requested resource to assist RenalPlus to develop the necessary software.</p> <p>KS reported encouraging discussions with the Scottish Executive who may make funds available for ongoing support of RenalPatientView in Scottish renal units.</p> <p>JF reported that informal discussions suggested that the only realistic strategy for long term funding in England would be to incorporate it as part of the tariff under Payment by Results. JF agreed to discuss with Donal O'Donoghue and others how this best might be encouraged, and in</p>	JF

	<p>particular whether the DH Renal Advisory Group could play a role in mandating it through the NSF.</p> <p>EW reminded the group that identifying resource through the tariff for the central management and maintenance of RenalPatientView was all well and good, but the necessity of proper funding for local unit informatics managers who would likely take on this continuing role in its maintenance and management as well must not be forgotten.</p> <p>NT reported that Rob Worth, the website designer, is developing a new interface to enable units to see the extent to which their own patients are using the system.</p>	
	<p>Patient Information DVD Project</p> <p>RH reported steady progress. Filming is under way for the CKD module which will be the first to be completed, and there was optimism that funds had been found for translation into a number of commonly used languages. World Kidney Day (8th March 2007) was being targeted as a potential launch date.</p> <p>RIXG understood the emphasis in the DVDs on providing information which the patients thought valuable. The extent to which the DVDs would also provide information about specific treatment areas and how that might influence the material and its organisation was discussed. The opportunity to inform and empower patients using EPO was an obvious application, given the recent NICE guidelines on the management of anaemia in CKD. The importance of other information sources on CKD, which are complementary to the DVD project was discussed. RH informed the group that Class Publishing (publishers of the very successful “Kidney Failure Explained”) is planning to publish a book on CKD. This is apparently being funded by Roche.</p>	
	<p>NHSDirect Online</p> <p>Nicki Thomas was unable to make the call but was able to confirm after the call the following progress.</p> <p>JF and NTh attended a meeting with Helen Young and Enid Povey from NHS Direct on 30 October. As a result of the meeting it was decided that it might be possible for patients on dialysis or with a transplant to have a ‘special note’ attached to their NHS Direct record. To facilitate this all Clinical Directors were asked to approve suggestions concerning ‘special notes’ and also to provide out-of-hours contact information for their units. A minority of CDs have replied and the plan will be developed further.</p> <p>NTh has received confirmation that the suggestions for changes to the clinical algorithms from RIXG have been implemented, and that the National Lead for NHS Direct has requested costs and possible venues for updating the NHS Direct nurses on CKD.</p>	<p>JF, NTh</p>
	<p><u>Connecting for Health</u></p>	
	<p>Renal Dataset Development Project</p> <p>Development of the dataset is now well advanced and it is expected that it will be submitted soon to the Information Standards Board. RIXG was pleased to note a meeting being arranged by Charlie Tomson (Chair of the Joint Specialty Committee of the Renal Association and Royal College of Physicians) bringing together those involved in the different elements of information and coding development which have until now been working in parallel. JF and KS would be among those attending. These include the</p>	

	<p>dataset project, HRG definition work and SNOMED. The group expressed continuing concern about the need for high quality software if non-clinical staff were to code satisfactorily using SNOMED. There was not complete consensus in the group as to the extent to which clinicians should be directly involved in coding. Since these various information elements may all contribute to development of tariffs for renal services, as well as Registry work, the need for coherence was strongly endorsed.</p>	
	<p>Map of Medicine JF reported that the Renal Association had recently been asked to provide critical review on pathways developed by Map of Medicine. Early information was very discouraging; the methodology by which non-clinical information specialists generate pathways from the literature seemed flawed in principle and practice, and the pathways so far reviewed had invoked major criticism. The Renal Association will be considering its position in the next few weeks after a further round of such reviews, and will make clear its concerns to Muir Gray, who has been a strong advocate of the Map of Medicine project. CB reported a recent piece on the web about Prodigy, another knowledge-based system being purchased by the NHS. http://www.e-health-insider.com/news/item.cfm?ID=2251 RIXG expressed continuing concern about the many elements of the knowledge 'industry' and how they were to be integrated by the NHS.</p>	JF
	<p>National Renal Audit – Healthcare Commission JF reported that final confirmation of funding for this audit 2007 was still awaited from the Healthcare Commission. If funds became available a consortium of the NHS Information Centre with the Renal Association, Renal Registry, and other members of the renal community would be bidding to undertake the audit.</p>	
	<p>www.kidney.nhs.uk After various 'false starts' work is now under way with the NHS Institute for Innovation and Improvement to establish this website, and discussions continue to ensure it would be properly maintained. Donal O'Donoghue and Kevin Harris are leading this for the renal community. It is intended to complement and add to the excellent websites already run within the renal community RA website that is already up and running and providing a super job for the renal community. It is hoped it will be a website where the renal whole community can find data and information quickly, can have discussions, and react spontaneously as well as in a more formal fashion. It will allow people to personalise their space and input things directly relevant to their practical day to day workings. The necessity of sustainability has been emphasised to those involved in its development. It is hoped there may be a prototype to view by March 2007.</p>	
	<p>National Electronic Library for Health David Goldsmith has communicated to RIXG that a draft of the library was now posted and he asked for critical review from RIXG of its style and content. JF will circulate this to all RIXG members</p>	JF
	<p>Next Meeting It was agreed that the next meeting on March 23rd 2007 would be a face-to-face meeting in Leicester. At that meeting the possibility of a new Chair for</p>	

	the group would be discussed. Since JF would no longer be President of the Renal Association, the group was also agreed that it would be very important to emphasise at that meeting that the Renal Association should still provide strong leadership and high priority for information issues.	
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