

British Association for Paediatric Nephrology

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www.bapn.org

BAPN Executive Meeting

19th June 2009
RCPCH London

MINUTES

Present:

Mary McGraw (President)
Moin Saleem
Carol Inward
Dick Trompeter
Mordi Muorah
Eric Finlay
Maggie Fitzpatrick
Peter Houtman
Leah Krischock
Nadeem Moghal
Jane Tizard

Apologies:

Kay Tyerman
Lesley Rees
Sally Hulton
Chris Reid

1. Minutes of last Exec meeting (March 09) were agreed.
2. Minutes of last Business meeting (April 09) were agreed
3. Matters Arising(not otherwise on the agenda)
 - a. None
4. Achievements and vision
 - a. MEM asked the Exec for a brief statement of single achievement from past year and aim for next year
 - b. JT-
 - i. Achievement(A)- development of Paediatric KAG and influence within KAG resulting in increased access to Tx for children
 - ii. Aim-Facilitate the link of the BAPN with the RA

- c. MMuorah
 - i. A-Good liaison with the BAPN in representing trainees
 - ii. Aim-Organise training days and lead educational development
- d. CI
 - i. A-Information governance has been addressed regarding the registry – now legal to use data. 6 Units submitting data electronically this year
Submission of anaemia audit to HQIP.
 - ii. Aim-all units to submit data electronically. A programme of regular reporting; proposals for research; Joint work with adult nephrology. Clinical improvement programme.
- e. MF
 - i. A-the new CSAC chair. Has participated in 2 rounds of successful recruitment
 - ii. Aims- More input into training days; develop links with General paediatrics and training and RA adult trainees. Work on EWTD and link with service and training. Develop CSAC work plan.
- f. PH
 - i. A-Has developed the identity of SPIN
 - ii. Aim- Service survey of SPIN-to define role of SPIN. Develop network of services.
- g. NM
 - i. A –Has made the BAPN “visible” with regard to PbR and commissioning challenges.
 - ii. Aim –further discussions with DoH re dialysis charges.
- h. EF
 - i. A-Developed the BAPN website into to up to date website. Has worked on patient information leaflets-still in progress
 - ii. Aim-Facilitate merging with the RA website
- i. MS
 - i. A- Major change in the structure of the academic network. The link with the MCRN has been developed with leads from each centre. This has enabled support for multi-centre trials some of which are now funded. York meetings have been good quality but not well attended.
 - ii. Aims-link with RA –on programme committee. Integrate research, audit and registry-eg rare diseases registry.
- j. RT
 - i. A- Securing the relationship with KKR which has led to significant funding for the BAPN to support various enterprises.
- k. MM-discussed her aspirations for the BAPN-these included
 - i. Producing a document on how networks of renal care are delivered
 - 1. Defining the role of DGH paediatricians/SPIN
 - 2. Encouraging more DGH paediatricians in nephrology
 - 3. BAPN being responsible for CPD
 - 4. Revalidation- developing ways to validate this within networks
 - ii. Communication
 - 1. Enhance communication via RA links
 - 2. Produce annual report
 - 3. Consider e news bulletins
 - iii. AGM
 - 1. Review format of this and aim for shorter meeting with time for other BAPN activity on the same day.
 - iv. Training
 - 1. Reviewing delivery and assessment of training.

5. RA/BAPN interaction
 - a. The BAPN voted to become a Division of the RA 36:12. Aim for MM and JT to meet with Peter Mathieson to take this forward ASAP **(Action JT)**
 - b. Membership list to be updated. MMurah to send trainees list to JT **(Action MMuorah)**

6. Committee membership
 - a. There was no response to request for applications for post of treasurer(x2 requests) and communications officer(x1). Leah Krischock has now offered to do either post.
 - b. Communications post needs enthusiasm. Not quite clear what support from RA will be available. EF agreed to continue to support the new postholder.
 - c. Treasurer-needs more senior nephrologist to represent BAPN
 - d. Clinical services subcommittee-NM has completed his term but has agreed to stay until May 2010. Will need to appoint replacement soon for overlap.
 - e. Trainee-new representative will be chosen in July **(Action M Muorah)**
 - f. Lay representative-consider asking via K Alliance or RCPCH. AW is involved with NKF. Ask AW if he can suggest link and suggest person specification. **(Action JT)**

7. Reports
 - a. Treasurer
 - i. 2nd donation fro KKR received in Sept 2008
 - ii. Treasurer's report was tabled. Balance £131522.94
 - iii. ESPN –needs to send invoice to BAPN for the 10,000E agreed. It was agreed that a separate line accounting would suffice rather than separate account. JT to contact D Haffner. **(Action JT)**
 - iv. KKR funds-no paediatric project supported by the joint KRUK/BAPN research round in 2009. £100,000 therefore in account. The agreement had been for this to be used for clinical paediatric research. There is financial gain if supported with additional £50,000pa from KRUK. This cannot fund fellowship. It was agreed that there is a need to widen the remit. CSG should direct KRUK on how to spend money, using KRUK as governance structure. MS will take negotiations forward. **(Action MS)**

 - b. Registry
 - i. Paediatric chapter in Registry report 2008
 - ii. Census date is 31.12. This years deadline 30/06/09.
 - iii. The BAPN database has now moved to the Renal registry in Bristol
 - iv. 2009-will report demography and success of returns plus some specific data.
 - v. Aim for quarterly returns in the future
 - vi. Submission is now mandatory but no clear leverage. Only unit with no plans for electronic submission is GOSH. Paper returns will be managed by the registry in Bristol. A link with PAS and renal IT systems is being investigated.

 - c. Audit
 - i. Renal bx audit submitted for publication
 - ii. Proposal for audit anaemia in CRF has been submitted to HQIP
 - iii. Need another project for Autumn
 - iv. New trainee needed for audit project –either infant dialysis or “other”. **Action (MMuorah)**
 - v. Revalidation-Note that participation in audit cycle will be required
 - vi. Link with ESPN registry was suggested over some of these projects.

 - d. Research
 - i. Trials are at various stages
 1. N/S trial through 1st round of HTA

2. RADAR(Rare diseases registry) has been adopted by the MCRN. Website being developed and will go "live" September/October 2009
 3. UTI study (primary care Bristol) has received HTA funding
 4. HUS-Eculizimab study will include some children
 5. Long acting erythropoietin. MS approached by company. MS currently assessing patient base that would be available.
- e. Clinical Services Committee
- i. Dialysis PbR draft almost complete-Variation in HD cost £ 488-600(cf adult £132). Currently day case tariff is recommended. Report will be put on website(**Action NM and EF**)
 - ii. Tx PbR –needs more work
 - iii. Pathology service access survey-Huge variation across UK identified. Should develop service standards. Pathology networking could be included in network document. D/W RC Pathologists. Consider joint view with adult nephrologists(**Action NM**)
 - iv. Service benchmarking exercise-Has demonstrated variation in information. Needs analysis. (**Action NM**)
 - v. Quality indicators-submitted to RCPCH-no response yet. In future Quality reports will be required for funding-initially funding for report alone. May develop into targets. CQUIN(Commissioning for Quality and Innovation payments)-currently 4-5% are based on quality issues. RCPCH agreed to fund a workshop on quality issues. MM agreed to chase (**action MM.**)
 - vi. Workforce planning-Document being produced soon for further paediatric input. Do need numbers as well as process.
- f. Communication Strategy
- i. Links have been made with the RA and they are willing to support. Need to chose between:
 1.
 - a. Simple link BAPN responsible for hosting /editing
 - b. Partial merge
 - c. Complete assimilation-this could allow multiple editors for individual pages but with MCI taking responsibility for website development. Could share calendar/media pack
 2. Unit pages need to be updated
 3. Forum will be deleted as not used (**action EF**)
 4. Patient advice leaflets-not possible to adapt all. Should be sent to CSG for final approval-this should be via E mail (**Action EF**)
- g. Clinical Standards and Guidelines
- i. Not discussed in the absence of LR. No new report since last Exec.
- h. CSAC and trainee issues
- i. Written report accepted
- i. RIXG update
- i. Written report accepted
- j. SPIN
- i. Clinical networks –Scottish Managed clinical networks are excellent and should aim for the same in the rest of the UK. Survey in progress. This will include questions on clinical issues, training, audit and

governance. Will send to Exec before distributing to BAPN. **(Action PH/EF)**

k. Secretary

- i. Written report accepted. Re modelling project JT has been in contact with Steve Arnold. NSCG have been emailed but no response so far.
- ii. Kidney care matters-JT will enquire as to the distribution list and make sure available for all BAPN members **(Action JT)**

8. External Committee Update

- a. In view of lack of time these were not discussed.

9. AGM December 2009

- a. MM discussed her wish to change the format of the AGM in December. This should be a BAPN day with the AGM taking only 1 hour (as per RA AGM). Consider a CPD day-? Present audit. Encourage secondary care paediatricians. There may be impact on RCPCH annual meeting but this may change its format. Will be in Warwick next year. Members should send suggestions for activities/topics to be included at AGM before the next EC when it will be a major topic of discussion **(Action all members)**

10. Meetings – 2009-10

- a. Exec September 17th 09 RCPCH
- b. Surgical challenges meeting Bristol November 20th
- c. AGM Dec 4th Birmingham
- d. Exec March 2010 TBC
- e. RA/BRS May 17-20th 2010 (plus BAPN business meeting)

11. AOCB

- a. Tse Vincent has taken up post of locum in Newcastle
- b. Swine flu planning for HD/immunosuppressed patient/ staff. DoH guidelines exist but need to adapt for renal units. D Hughes in Glasgow may have developed some.LK to send guidelines to JT who will then circulate to each unit**(Action LK/JT)**
- c. Green nephrology-SpR will start post in September-. To contact re BAPN involvement **(Action JT)**

12. Date of next Executive Meeting – Sept 17th 2009 RCPCH