

British Association for Paediatric Nephrology

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www.bapn.org

BAPN Executive Meeting

Minutes

Friday 29th Feb 2008 Bristol

Present: Mark Taylor (President)

Jane Tizard
Richard Trompeter
Nadeem Moghal
Moin Saleem
Kay Tyerman
Leah Krischock
Jan Dudley (For item on Clinical Guidelines group)

Apologies: Lesley Rees

Eric Finlay
Sally Hulton

1. Matters arising:

Treasurer: Trainees account now being activated
Kidney Alliance – BAPN agreed to pay £300 pa
Agreed to have budgets reviewed (Action RT)

ACCEA: It is still a problem as not enough consultants in BAPN to be registered.
Consider re applying this year.

Membership: With future plans to improve networks with regional paediatricians should encourage more paediatricians with an interest to be members. It was agreed that BAPN should revisit paediatrician with an interest on the Executive to increase role of this group. EJT to check constitution. If this post is not included plan to discuss in Glasgow (**Action EJT**).

KPAG: E mail all units for 1st and second choice of members ie surgeon and paediatric nephrologist (**Action EJT**).

2. Foundation for Change

- a. This is a position statement rather than a strategy. However it could be used to inform other organisations and will be the basis for the future strategy. The document was reviewed in detail. Members of the executive were asked to send further comments for final revision. Then Executive summary to be written.

(Action EJT). Aim to E mail to Association for early April for discussion in Glasgow. **(Action EJT)**

3. Treasurer

- a. Most members are up to date with payment. No-one using paypal. Re ESPN payment. MT to send letter to RT from Christer Holmberg. It was agreed to pay£1000 pa and back date one year in addition. **(Action MT and RT)**

4. Registry

- a. Jonathan Evans has resigned from Chair of the Registry due to other commitments. John Feehally met with JE and summarised the issues for the registry very succinctly. The main issue is planning blight due to all Trusts trying to integrate with the NPfIT process. EJT had received response to questionnaire from 6/13 centres. 4/6 had proton or equivalent. Guy's has plans for new system which is compatible. GOS has a major problem. It was suggested that all Units should link with local adult system. Therefore consider link with UCH/RF for GOS **(Action RT)**.
- b. The BAPN should target trusts/CEOs with letters from J Feehally, Donal O'Donoghue and Mark Taylor.
- c. Consider application to KKF for project grant to pay for infrastructure.
- d. Final date for nominations for new Chairperson is Tuesday 4th March. One nomination so far.

5. Audit

- a. BP in transplants –Manish Sinha is submitting abstract on behalf of BAPN to ESPN.
- b. National audit of vascular access and transport. We have been asked for BAPN representatives.
 - i. RT agreed to ask senior HD nurse from GOS **(Action RT)**
 - ii. EJT agreed to ask for someone from MDT from Bristol **(Action EJT)**

6. RIXG

- a. Chris Reid is on a number of the IT related groups. It was suggested that there should be an "informatics" position on the Executive. Chris Reid should be co-opted onto the Registry group until this can be agreed in the constitution. Arrange conference with CR to discuss**(Action EJT & MT)**
- b. RPV-we have been asked to provide a BAPN representative on this group. CR has agreed and his name has been put forward. May also have the opportunity to ask a trainee. H McCarthy in Bristol will be asked if the RPV group agree.
- c. CR will represent BAPN at Renal IT group on 14th March.
- d. Patient information. Initial plan is to co-ordinate current patient information leaflets eg GOS website.

7. Research

- a. Since the last Executive meeting there has been a structural change. The MCRN Nephrology CSG has now been approved and MS has been appointed the Chair of the committee. Applications for membership have been received. It is hoped there will be representation from each centre. A trainee member is to be included. It was agreed this should be for 1 year as opposed to 3 years for the other members. Current member is Sally Johnston. LK will arrange selection of subsequent trainee representative **(Action LK)**.
 - i. Jennifer Blakeburn will organise the meetings and take the minutes. At first meeting on 6/3/08 she will talk about links with industry and priorities for research
 - ii. 6/12ly meeting. £10,000pa to support it has been agreed from the money donated to the BAPN from KKR. However individuals should try and obtain funding from their Trusts if possible.
- b. York

- i. 3 plenary papers (including one submitted via general paediatrics)
 - ii. Abstracts have been selected
 - iii. There will be the NICE UTI debate
 - iv. Steve Harper to give Guest lecture.
- c. KRUK
 - i. Applications being submitted for
 - 1. Rare Diseases Registry (MS & MT)
 - 2. Vit D study(Rukshana Shroff & LR)
 - 3. Nephrotic study(RT)
 - 4. Study of markers in transplant rejection LK

8. Clinical services committee

- a. NM has attended 2 meetings on PbR. Current issues are how to introduce quality issues and networks into PbR. May use NSF to define quality issues. There is consideration of an 80:20 payment-paying for infrastructure and then top up for activity(&quality)
- b. The use of paediatric HRG4 is unresolved in paediatrics; in adults will be used from 2009.
 - i. There are more HRGs
 - ii. Aims to remove top-ups
 - iii. Possibly less flexible
 - iv. More complex and more unbundling
- c. There is currently a team for detailed costing of renal replacement therapy
 - i. 4 units-Guy's, Leeds, Birmingham and Newcastle
 - ii. Parallel to adult work
 - iii. Will produce report by end of May
- d. Newcastle will be a pilot PbR site for all paediatric nephrology including regional nephrology.
 - i. Will need feedback from all Units regarding variation in service delivery in the UK
 - ii. Scope to be sent to the Unit Leads **(Action NM)**
- e. Trial of coding 4 cases
 - i. Responses from 6 units. There was a complete mismatch of analysis giving different codes and HRGs. This could result in a significant variation in tariffs. NM to analyse to assess impact on tariff received. It was suggested that this should be published-possibly in Health Service Journal.
- f. Improving Outcome Guidance (IOG)
 - i. This is a process via the NICE infrastructure which requires detailed assessment of all aspects of the service but could result in quality statements. Paediatric Oncologists have done this. Enquire of the oncologists regarding process **(Action EJT)**. NM to investigate further with possible presentation at the December meeting **(Action NM)**.
- g. Economist
 - i. This has been suggested to give an external view of the impact of PbR on paediatric nephrology. NM to find cost of economist/academic accountant to provide this information **(Action NM)**.
- h. Psychology-there is currently new DoH funding to support psychological services. BAPN Leads have been informed.

9. Communications Strategy

- a. Written report received in EF's absence.
 - i. Website traffic has tailed off, 5200 hits since April 2007. Possibly related to Emailing messages. This was debated but it was agreed that current use of E mail messages was appropriate for information sharing. Should actively encourage use of forum when debating subjects.
 - ii. EF has offered to create off shoot pages for centre specific information
 - iii. Other agencies finding the website useful.

10. Clinical Standards and Guidelines

- a. Jan Dudley attended to discuss minutes from meeting Feb 7th
 - i. JD has analysed the NICE guidelines questionnaire. In 6/66 statements there was >50% disagreement. JD will provide a summary to be placed on the website. It was agreed that it would be appropriate to submit the results for publication. This would be a summary of the BAPN's views on the guideline, rather than a view on the development process itself. It should concentrate on the areas of disagreement within the guideline. It could mention impact on research agenda. **(Action JD)**
 - ii. Relationship with the registry committee. It was agreed that audit of ERF would be more the remit of the Registry Committee. However in due course the UKRR may also include rare diseases.
 - iii. Guidelines should conform to RCPCH methodology; however this is a very detailed process. Therefore, trainees should concentrate on a small area. Process still under review.
 - iv. Trainees could alternatively look at an area of diversity of practice with a view to standardisation of practice.
 - v. Patient information-in addition to comments above: The committee should have an editorial role in the PI for systems such as RPV. Currently aiming to make it more available. Could use Map of medicine to make localisable and need to link to RPV.

11. CSAC

- a. Report sent by SH in her absence.
 - i. NTN Grid posts-only one of 2 posts filled due to quality of candidates
 - ii. Development of curriculum for paediatricians with an interest in nephrology. To identify members of the BAPN who may be interested in helping **(Action EJT)**
 - iii. 2 STAs have been appointed Moin Saleem and Maggie Fitzpatrick (the latter awaiting endorsement from the RCPCH)
 - iv. New consultant appointments: Mohan Shenoy, Manchester, Rajesh Krishnan, Cardiff, Meeta Malik Nottingham.
 - v. New post will be available at GOS; Sue Rigden will also be retiring in December 08.
- b. SH will probably remain in post until the end of 2008 after a one year extension. The post of CSAC Chair will need to be advertised in the summer by the RCPCH **(Action SH)**.

12. Secretary

- a. Commissioning Specialised Paediatric Service. This document is now almost complete and will be circulated in the next few months. The second phase is to model the number of specialty services that are required for England (& possibly the rest of the UK). The aim of this piece of work is to identify the number of centres required to deliver specialist services and not where they should be. To do this some basic information is required including
 - i. Consultant staffing establishments
 - ii. Service demands
 - iii. Minimum size of consultant rota
 - iv. Preferred/ recommended accreditation ratio-patients or procedures per consultant

Some of this data is quite difficult to provide for nephrology-it was agreed to state incidence and prevalence of ERF, renal biopsies, enquire of 3-4 Units inpatient and outpatient data **(Action EJT)**

13. Kidney Alliance

- a. World Kidney Day
 - i. 2nd Thursday of March annually. We should support with representative via Kidney Alliance. KT will attend the launch in London. In future years

may try and give specific support-consider group of children who have benefited from research. Plan to do something next year (**Action KT**).

- b. Organ Task Force
 - i. Currently no BAPN position on presumed consent. Individuals may want to remain anonymous. Ask EF to create a "monkey survey" (**Action KT**).

14. ESPN Birmingham 2009

- a. Local organising committee will meet in the Spring
- b. Scientific committee in Lyon
- c. Venue agreed
- d. Draft programme agreed

15. External Committee Update

- a. British Renal Society
 - i. New initiative to review renal workforce supported by Renal Policy Team at the DoH. Aim to describe the elements, competencies or roles supporting an effective renal team. More information soon.
- b. Joint Specialties Committee
 - i. Talk by RCP president on training and the exit exam
- c. Renal Association
 - i. J Feehally has written to Lord Darzi re need for specialist IT systems in nephrology
 - ii. Glasgow RA/BRS meeting well advanced paediatric nephrologists strongly encouraged to attend
- d. ERA/EDTA paediatric registry
 - i. Progressing. New database has been developed and UK data should be amalgamated into this.
- e. NICE –
 - i. Nothing further has been notified re the last suggestions of Renal bone disease and antenatally diagnosed problems.
 - ii. Surgical management of VUR-Sally Feather and Jan Dudley have been recommended from the committee by the RCPCH
- f. IPTA
 - i. Next meeting April 18-21st 2009 Istanbul, Turkey

16. Meetings – 2008-9

- a. **RA/BRS May 13th -16th plus BAPN 14th May Room –Carron (the first floor of the Loch Suite).**
- b. Thursday June 12th CPC GOS
- c. Exec June 13th GOS
- d. ESPN Lyon 11th -14th September
- e. Exec Oct 10th Birmingham
- f. AGM Dec 5th Birmingham

Date of next Executive Meeting – Friday 13th June 2008, GOS