

# British Association for Paediatric Nephrology

**President: Dr C Mark Taylor, Birmingham Children's Hospital**  
Tel: 0121 333 9225 Fax: 0121 333 9231 E-mail: [mark.taylor@bch.nhs.uk](mailto:mark.taylor@bch.nhs.uk);

**Secretary: Dr Jane Tizard, Bristol Royal Hospital for Children**  
Tel: 0117 342 8881 Fax: 0117 342 8810 E-mail: [jane.tizard@ubht.nhs.uk](mailto:jane.tizard@ubht.nhs.uk);

**Treasurer: Dr Richard S Trompeter, Great Ormond Street Hospital for Children, London**  
Tel: 020 7813 8305 Fax: 020 7829 8841 E-mail: [trompr@gosh.nhs.uk](mailto:trompr@gosh.nhs.uk);

## NEWSLETTER – OCTOBER 2007

Dear Colleagues

By now you will know that the configuration of paediatric subspecialties is high on the agenda both within the RCPCH and the Department of Health. For a mature speciality like ours which developed its national infrastructure on the back of supra regional funding in the 1980s, this could at first glance seem like an unnecessary intrusion or even somewhat threatening. On reflection it has become clear to me that not only is it vitally important that the BAPN responds vigorously to any exercise that touches on the configuration of our services but more positively there are opportunities here that we need to grasp. You will appreciate that the way in which our services are commissioned and funded subtends the configuration to a considerable extent. In other words if our tertiary centres were more or fewer or differently distributed the way in which we would work would be different and the costs of delivering our service likewise. It is therefore crucial that the configuration debate is properly settled. Then it must be linked to the highly specialised and informed commissioning that the BAPN has called for repeatedly. Lastly it must be appropriately funded.

For those of you who read the Executive minutes you will see that we have identified 6 principles under which the BAPN will engage in a configuration debate. These are as follows:

1. In equalities of access to services and matching services to populations.
2. Education and development of the workforce.
3. Manpower team structure and critical mass.
4. Research, development and audit.
5. Adolescence and interface with adult services.
6. Specific issues of healthcare and infrastructure in relation to chronic care, dialysis, transplantation, acute renal failure and rare diseases.

Reinventing the wheel? Well actually not. There are some areas such as the interface with adult services which are badly in need of revision. Some of our members who are engaged in commissioning issues I know are working hard to make progress in this area. Also the academic life of our speciality has in the past been disconnected from service activity. This has caused some of the academic blight that we have faced in the last decade. Our collaborative approach to translational clinical research, development and audit demands change and again this is an opportunity to get these aspects firmly on the agenda.

Short, powerful briefing papers will be assembled under each of the principles outlined above and matched to the kind of format that the RCPCH is expected to use. These will form the basis of our strategy to impinge upon the configuration and commissioning debate. It will be the same signal that we sent to all those agencies involved in the process – Colleges, Renal Association, Department of Health, Commissioners. The time is very short to do this but there will be papers on this at the AGM in Birmingham in December and it will be a major agenda item.

Once again the BAPN is called upon to punch well above its weight and mobilise opinion in defence of our speciality and the children we serve. We must give it our best shot.

I look forward to seeing as many of you as possible at the AGM in December.

With all good wishes,

C Mark Taylor  
President - BAPN

CMT/GBW/31.10.07