Minutes of Paediatric Nephrology Network Business Meeting
Eastwood Hall, 30 September 2011, 4.15pm

Present:
Meeta Mallik, Consultant Paediatric Nephrologist, Nottingham
Michalis Yiallourrides, Paediatric SpR, Nottingahm
Viktoria Dixon, Consultant Paediatrician, Hinchingbrooke
Lai Men Wong, Consultant Paediatrician, Bassetlaw
James Donnelly, Paediatric SpR, Doncaster
Mamatha Mallya, Paediatric SpR, Peterborough
Simon Rhodes, Consultant Paediatrician, Kings Mill
Kate Baker, Renal Nurse, Nottingham
Shelley Jepson, Renal Nurse, Nottingham
Corrine Langstaff, Locum Consultant Paediatric Nephrologist, Nottingham
Kunle Ayonrinde, Consultant Paediatrician, Chesterfield
Andrew Lunn, Consultant Paediatric Nephrologist, Nottingham
Birgit Ulbrich, Staff Grade Paediatrician, Addenbrookes,
Martin Christian, Consultant Paediatric Nephrologist, Nottingham (chair)

1. RCPCH network document
Improving the standard of care of children with kidney disease through paediatric nephrology networks, RCPCH, August 2011. This was the main agenda item. Martin gave a short presentation (attached) summarising the main points of the document and the priorities for this network. They include:

- More universal provision of shared-care clinics with initial focus on establishing clinics in Doncaster/Bassetlaw, Hinchingbrooke and West Suffolk Hospitals.
- Compiling a directory of local services for each centre to include: link paediatrician (almost all centres now have one), link nurse (this is a hitherto new concept), other MDT links such as pharmacy, radiologist, biochemist, community nurses, dietitians etc).
- Network-wide guidelines and care pathways (see below)
- Establishing of annual business/education meeting
- Annual review of each shared-care clinic in terms of numbers, procedures etc
- Request to commissioners for dedicated PAs to manage network and appointment of lead nurse for network

Discussion focussed on the quality of care required to support outreach clinics and the relational aspects of the links. Local available skills should be supported and developed. The directory could be an initial means of discovering gaps in service provision.

2. Future education/business meetings
There was widespread support for an annual education/business meeting in the early autumn and a provisional date of Friday 28 September was made for next year's meeting. There was similar support for a venue outside of a hospital campus and we will look again at Eastwood Hall in terms of its

accessibility from the M1, facilities and the option of accommodation for those travelling from a distance. A date in the early autumn would also sit well with a spring nephro-urology meeting which is now well-established and well-attended by paediatricians and urologists.

The meeting topics could be decided to mirror guideline/care pathway development. The topics for next year's meeting were suggested to be chronic renal failure and Henoch-Schonlein Purpura. Cases at the education meeting were of a high quality and it was agreed that there should be cases on next year's meeting with a competitive incentive for juniors to submit abstracts to present.

Items for the agenda at the business meeting would include: the signing off of care pathways/guidelines after circulation or discussion at an earlier stage; network research and audit; summative presentation of individual shared-care clinic annual reviews; review of network aims.

3. Guidelines and care pathways

These should ideally be written as a small group comprising general paediatricians and paediatric nephrologist with consultation of patient/parents and other professions as appropriate. It was felt that 2 conditions was a realistic aim to have approved at next year's meeting and these should be chronic renal failure (for which there is currently a guideline being written from Nottingham) and nephrotic syndrome (a Nottingham guideline has recently been revised with regional general paediatricians in mind and this might be the starting point). Other important topics to follow soon after would include: acute kidney injury, hypertension and antenatally-detected renal tract abnormalities. It was acknowledged that guidelines/care pathways on this last topic would be more complex to write given the wide range of local pathways already in place and it would be better to leave this topic until more straightforward ones have been addressed.

Next meeting: following education day on Friday 28 September 2012