



ANNUAL GENERAL MEETING

Minutes of Meeting
29th October 2024

via Zoom

Present:

Brian Child	Chairman
Phil Pugh	Vice Chairman
Terry Oldfield	Secretary
Annie Oldfield	Treasurer & Membership
Catherine MacKenzie	Committee Member
Alastair MacKenzie	Committee Member
Nasim Ahktar	Committee Member

Apologies:

Sarah Eales
Lyndsey Hoare
Dr D Reaich

1. APOLIGIES FOR ABSENCE

Apologies were received from SE, LH and Dr David Reaich,

2. MINUTES OF PREVIOUS MEETING

There were no questions or comments and consequently the previous Minutes were agreed and will be signed at a later date.

3. MATTERS ARISING

There were no matters arising for this meeting.

1. CHAIRMAN'S UPDATE

(see Appendix 2)

2. PRESIDENT'S REPORT

(See Appendix 1)

Dr. Reaich informed us that this is likely to be his last year as President.

3. TREASURER'S UPDATE

(See Appendix 3)



4. ELECTION OF COMMITTEE AND OFFICERS

DESIGNATION	NAME	PROPOSER	SECONDER
President	Dr David Reaich	B. Child	P. Pugh
Chairman	Brian Child	M. Jackson	A. Oldfield
Vice Chairman	Phil Pugh	M. Jackson	A. MacKenzie
Treasurer	Annie Oldfield	B. Child	C. MacKenzie
Secretary	Terry Oldfield	A. Oldfield	P. Pugh
Committee Member	Margaret Jackson	T. Oldfield	B. Child
Committee Member	Nasim Ahktar	A. Oldfield	B. Child
Committee Member	Catherine MacKenzie	T. Oldfield	B. Child
Committee Member	Alastair MacKenzie	T. Oldfield	B. Child
Committee Member	Lyndsey Hoare	B. Child	T. Oldfield

Sarah Eales did not inform the Committee of her willingness to be further involved with NEKPA so the decision was taken not to re-elect. SE will be informed accordingly.

5. ANY OTHER BUSINESS

There was no further business to discuss.

6. DATE OF NEXT AGM

The next AGM will be held on 14th October 2025 (tbc).

There being no further business, the meeting closed at 7:20pm.



Appendix 1

PRESIDENT'S REPORT

It has been another busy year for the South Tees Renal Team. The population is getting older and kidney disease is getting commoner - so we have more patients to look after. In October 2023 the total number of dialysis and transplant patients being looked after by the unit reached 1000 and is now almost 1030. This compares to 375 when I joined the team in March 1996!

To look after all these additional patients needs lots of additional staff and facilities. In 1996 we had two dialysis units, one at South Cleveland Hospital (now called James Cook University Hospital) and the other in Darlington. We now have 5 units, all of which are pretty full. In addition, our home dialysis team are doing a good job training people for home haemodialysis. This is a treatment that gives lots of flexibility to patients and allows them to take some control of their treatment. My experience has been that virtually everyone who has moved to home haemodialysis tells us how much better it is than dialysing in hospital or at one of our satellite units.

Although looking after lots of patients needs additional staff we have had some staffing problems this year. The first problem that we had to cope with was strikes. Thankfully from my point of view, none of the consultant kidney doctors went on strike. We did however have to cover for our junior doctors when they were taking action. This meant that we frequently had to cancel or rearrange clinics so that consultants could be doing ward duties and providing extra cover in the evening and overnight. Thankfully all of the hospital based strikes have ended but we now have the challenge of general practitioners taking industrial action. This could cause some difficulties over coming months.

The second problem was that we had a shortage of consultant staff partly because of a combination of sickness, maternity leave and parental leave. In addition, Dr Abdelmahamoud has had a year away from the unit working in the Middle East and Dr Lim left us some months ago to move to a job in Scotland. At times this has left us very stretched. Some of my colleagues have been working really hard doing lots of on-call. They are tired out! We are now looking forward to the team getting back to a more normal size, with Dr Abdelmahamoud returning in late Autumn and 2 new consultants joining the team in November.

One of the new consultants, Dr Tariq, has worked with us as a trainee so we know him well. The other, Dr Boshara, has just completed his training in the South West of England and is moving to this area with his wife and children. We look forward to welcoming them. We hope that these two new consultants are going to take leading roles in developing some parts of our service including trying to promote



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peritoneal dialysis.

Peritoneal dialysis has been an interesting challenge for us during the past year as we had delays in getting patients into theatre for insertion of Tenckhoff catheters. We were fortunate to get support from colleagues in Sunderland who have helped us with a number of patients. Thank you very much to them - it is always great when teams pull together to help each other out. We now have a few patients who are on peritoneal dialysis who had their dialysis catheters inserted by the Sunderland team and are doing very well.

In terms of personnel changes, I would like to mention and give thanks to Yvonne Taylor who was the ward manager of Ward 4 for many years. I am sure that some of you will remember her. She took partial retirement a few years ago since which time she has been working as a staff nurse on Ward 4. She is now retiring completely and will be spending more time walking in the Lake District. She has been a dedicated renal nurse for over 20 years. I wish her all the best in her retirement.

We are lucky to have many excellent renal nurses in the team who develop a great deal of expertise over the years. Sister Claire Milner is our Transplant Nurse Specialist. She has been working hard with colleagues around the region to develop pathways for assessment and management of potential kidney transplant patients.

Much of the work that she developed at James Cook has now been adopted across the region and Claire has been appointed as one of the co-leads for the Regional Transplant Group. Well done Claire!

It has not been a great summer although as I write this in mid September the sun is shining and it is warm. However we are now looking ahead to late autumn and winter with colder days and less light. It is therefore time to get our vaccines updated. I strongly recommend vaccination against flu and COVID as well as making sure that you have had a pneumococcal vaccine at some point in the last few years. Unfortunately COVID is still causing problems so for patients with kidney disease it is wise to continue with regular COVID vaccinations.

I will end by saying that this will probably be my last address to the group as President. It would be wonderful to see an increase in the number of active members of NEKPA in the future. In the meantime best wishes to everyone.

Dr David Reaich
Consultant Nephrologist and Deputy Chief Medical Officer



Appendix 2

CHAIRMAN'S REPORT

Dialysis patients will be pleased to hear that NHS England has issued new guidelines to all Trusts that should ensure that all dialysis patients are either provided with free transport or proper reimbursement for private transport. This has been a very contentious issue for some patients who have not received any money towards mileage or parking regardless of the costs. Hopefully, all home dialysis patients are receiving full reimbursement of their costs now. Please let us know if you are not?

Now that the General Elections are out of the way, the *All Party Parliamentary Kidney Group* (APPKG) can be reformed and that process has started. We certainly have lots of new faces that we can approach. We will keep you updated of who comprises the group. Remember, your local MP, regardless of party affiliation, can be a member providing they don't hold a ministerial position.

As usual in Autumn, the *Patient Reported Experience Measures* (PREM) Survey will take place. When you read this Newsletter, the survey will be in full swing. It is open to all patients whatever stage of kidney disease they are at and I would encourage you all to take part. The survey is completely 'on-line' this year so you can even sit at home and complete it. Please contact NEKPA if you don't have access to the internet - remember, if you don't report problems, they don't get fixed.

In this issue, we have an article by Karen Coaker (Senior Home Dialysis Nurse) outlining the work of her team.

Due to this work, Regional Home Dialysis patient numbers have doubled since Covid when home treatment was shown to be much safer than in-centre dialysis.

It will soon be time for our *Annual General Meeting* (AGM). As I am now 80 years of age, it was my intention to retire as Chairman. However, I have been persuaded to serve for another year but this will definitely be my last. This highlights one of the Committee problems in that we are all getting older and we desperately need an injection of new people and ideas. The AGM is the ideal time for members to consider joining the NEKPA Committee and help ensure its future.

The past year.....

It has been a quiet year for NEKPA with what seems like little contact with James Cook University Hospital Renal Department although there are signs that this is starting to improve. We are well represented on the *North East, North Cumbria Renal Operating Network* (NENCRON) where most of the decision making seems to take place. I remain on the *National Kidney Federation* (NKF) Executive for another year where activity seems to be ramping up with much greater involvement with the NHS which should be to everyone's advantage. NEKPA are also building much better relationships with Kidney Care UK regional staff.

Our success this year has been our involvement in the Patient Information Day which was a resounding success.



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Before I finish, I would like to thank all our Committee Members for their continued effort they put into maintaining the running of NEKPA and to the personal support they have given me.

Brian Child
Chairman



Appendix 3

TREASURER'S REPORT

Once again, there has been very little financial activity this year. As reported last year, our income is still depleted since Covid and we receive very little in the way of donations or legacies. This is curtailing our funded activities. NEKPA has had to take a harder look at Grant Applications this year and many have been referred to *Kidney Care UK* (KCUK) who have much greater funds and resources for checking criteria than this small charity. We are working on developing stronger links with KCUK to enable grants being sanctioned where and when they are needed.

Income for the year totalled £1,504 partly due to the surprise of £430 from Darlington Dialysis Unit who held their own 2023 Xmas raffle and donated the proceeds to NEKPA. Our thanks go to staff and patients for their kindness.

Expenditure for the year totalled £2,073 comprising printing costs and back office expenses. The above figure includes Printing expenses which are £439 year to date. This figure is lower than previous years. We get many requests from JCUH to pay for printing of their information booklets and this year we had to refuse these requests. However, due to this need and our own, the Committee made the decision to purchase a laser printer which has the capacity to print smaller items in bulk. We have reduced considerable expense with the increased adoption of computer based technologies. As you will have noted, our Newsletter is now issued via email which has saved £1,500 per edition. Our 'Welcome' letters are printed in-house and delivered by email saving £300 per year but there are still some patients who find technology adoption hard though this is mainly the elderly. If you need help, please contact me or any other Committee Member listed on Page 3 of this Newsletter. This was factored into the Committee decision to purchase the printer as we still need 'hard' copies of our Newsletter to be left in Dialysis Centres across the region.

Our website is continually updated and we now welcome viewers in differing languages—our small contribution to acknowledging the diversity of members and kidney patients in general.

We had significant expense £497 in relation to income with the attendance at various national events by our Chairman. It is invaluable to our charity that we are represented and kept abreast of new activity which is then relayed to yourselves via this Newsletter and the website.

NEKPA funded the purchase of 'Fistula Wristbands' for JCUH Renal Vascular Dept at a cost of £205. At time of writing, the audited accounts have not yet been received from the accountants but should you wish to view them later, please contact me.

As with all charities, we would really appreciate some help with fundraising—there is so much more we could do. If you feel this could be something you could do, please make contact. Your involvement can be as little or as much as you wish.

Annie Oldfield
Treasurer