North East Kidney Patients' Association

ANNUAL GENERAL MEETING

Minutes of Meeting
29th October 2025

via Zoom

Present:		**Apologies**:
Brian Child	Chairman	Nasim Ahktar
Phil Pugh	Vice Chairman	Lyndsey Hoare
Terry Oldfield	Secretary	Dr D Reaich
Annie Oldfield	Treasurer & Membership	Alastair MacKenzie
Margaret Jackson	Committee Member	

1. APOLIGIES FOR ABSENCE

Apologies were received from NA, LH, AM 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 he no longer available to be our 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	M. Jackson
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	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

This will be confirmed at a later date but generally October 2026.

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

Appendix 1

PRESIDENT'S REPORT

Another year has passed very quickly, and it is time once again to prepare my annual report to members of NEKPA. I closed last year's report by saying that it will be my last report. Yet here I am again!

The kidney team continues to be busy with more patients to look after than ever before. After a period of shortage of consultants, I am pleased to say that we have now expanded the team with Dr Tariq and Dr Boshara joining in late 2024 and a new recruit – Dr Matter, due to join us in October. He has been training in Cambridge and the East of England so we look forward to him bringing some new ideas to the James Cook team.

You may be aware of the development of a Tees-wide hospital group structure, with the trusts at North Tees and South Tees coming together as University Hospitals Tees. At the moment there are still two independent trusts but there is one board and senior management team running the organisations. For renal disease services this will have very little impact as we provide renal care across all of the hospitals in the area already. There may however be changes in some of the other services that are provided in the hospitals over the next few years.
Within the team we continue to try to develop and improve. One of the changes that we have made in the past year is to have all patients who are on home dialysis (whether that is home haemodialysis or peritoneal dialysis) looked after by the home dialysis nurses and 2 consultants (Dr Boshara and Dr Tez). This meant that some patients who had been looked after by a consultant for many years found themselves being looked after by a new consultant. Some patients found that a bit challenging, but I think it is going well and hopefully everyone is getting to know their new consultant.

The haemodialysis units remain very busy although we do have capacity at the Friarage Hospital at the moment. Dr Hoye supervises the Friarage unit and is currently trialling a slightly different way of starting dialysis.

Traditionally we have always started patients on 3 times a week dialysis but he is identifying a group of patients who only need to dialyse twice a week. Most patients will eventually need 3 times a week dialysis but this may not need to be introduced for some months. Patients are monitored closely and advised as and when their dialysis needs to be increased. At the moment this is only being offered at Friarage but we are very happy for patients to travel there from other parts of the region if they would like to start on twice weekly dialysis. If anyone is interested in this they should discuss it with their consultant.
We will almost certainly need more capacity for haemodialysis within the next few

years. It therefore looks as if we will need to establish another dialysis unit. The most likely option at the moment is for a new unit to be developed in Hartlepool. It is very early days in terms of this development, but some feasibility studies are being done and a business case is being prepared. Money will have to be found somewhere!

Renal medicine has changed a lot since I joined the team as a consultant in 1996. One of the things that is happening at the moment is the introduction of new drugs which appear to be kidney protective. For some types of kidney disease there is therefore much more hope than previously about the possibility of slowing the deterioration of kidney function. If these prove to be as effective as we hope it may be that we will eventually reduce the number of patients needing dialysis - but this will take years.

There is also some news of the development of a new blood pressure drug which sounds very promising and is likely to be launched within the next year or so. This could be good news for kidney patients as controlling blood pressure can sometimes be very difficult.

I will finish in my usual way by reminding you of the importance of vaccination against flu and COVID as we approach the late autumn and winter, bringing with it the flu season. There has been a lot of flu in Australia this year. This usually means that we will have a bad flu season, so I think it is particularly important this year to be vaccinated to try to keep safe and healthy.

With best wishes to all

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Dr David Reaich
Consultant Nephrologist and Deputy Chief Medical Officer

Appendix 2

CHAIRMAN'S REPORT

Hello everyone,

With Autumn arriving it means that our AGM is also fast approaching and you will find all the relevant details and paperwork included in this newsletter.

Despite the hot weather we experienced during Spring and Summer the early days of Autumn have been cold, wet, and getting shorter, a sign that the UK holiday season is largely over. This year it has been particularly difficult for Haemo-dialysis patients to book holiday slots in the UK, with private provision shrinking and NHS provision overstretched it is becoming almost impossible to find a place.

Fortunately the position in Europe is much better with several private providers throughout Europe offering places and the cost covered by the Global Health Insurance Card (GHIC). Several specialised holiday companies are now set up to find dialysis places and conveniently placed accommodation of all types. Many cruise companies offer dialysis treatment on sea and river cruises but I'm, afraid the costs are not covered by the GHIC and that makes them very expensive. Still, at least the facility is there.

The other thing to note this year is the growth of Peer Support provision. The NKF national Home Dialysis service has been enlarged to cover all stages of kidney disease and is available to all patients, carers, and family members. Kidney Care is in the process of setting up a more local service in co-operation with the Regional Renal Operating Network available to all patients.

You will read further into this newsletter that Catherine MacKenzie, an important member of our committee, has recently passed away. She will be greatly missed. Catherine's death highlights the need that NEKPA has for new members to join our Executive

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 but we did receive some donations this year for which we very appreciative. The most significant donation was £1,232 from Emily Atkinson who ran the Liverpool Half Marathon on our behalf. We published an article in the last Newsletter and we have a follow up in this edition. We also received donations from Andrew Cliff, Hilary Shaw and Brian Child as well as anonymous and I take the opportunity to thank you all on behalf of NEKPA.

Income for the year totalled £2,530 with expenditure amounting to £1,444. We have been incurring accountancy fees (av. £350 per year) due to an inherited direction for professionally audited accounts required by the Charity Commission. I was concerned that this figure represented a high proportion of our yearly income so decided to explore the requirement and found out that there is no requirement for audit unless our income exceeds a much higher amount, i.e. we are too small a charity to necessitate professional audits and therefore we will no longer incur this cost.
The expenditure figure includes printing expenses of £212 year to date. The decision to purchase a laser printer has considerably reduced printing expenses and we have been able to produce information booklets for use by JCUH staff as requested.

If you wish to see more detailed accounts, please contact me (a.oldfield@nekpa.org.uk) and I will provide in spreadsheet form. 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 help with, please make contact. Your involvement can be as little or as much are you wish.

Annie Oldfield
Treasurer